

Name
in
Full

Triffenice Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Month	Days
Sex	Color or Race	Age	—	—	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Baltimore Md			
Father's Name	George W. Adams				
Mother's Maiden Name	Maryland				
Name of person giving Information	John T. Evans				
Triffenice Evans					
George W. Adams					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis Pulmonary.

20

How long

Two months.

Immediate

& Lassitude

How long

Some weeks

Are the name, age, sex, color, date and place correctly given above?

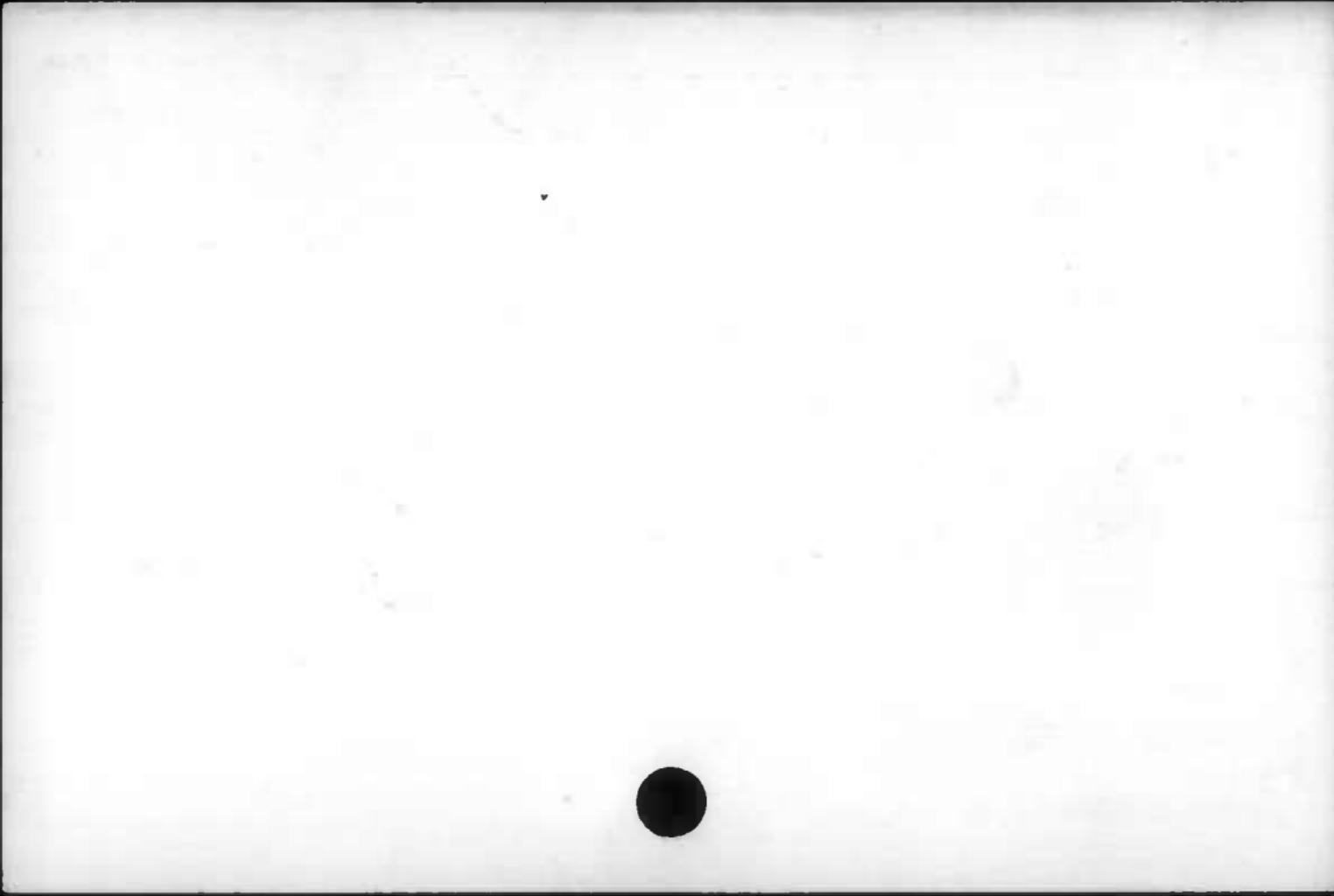
Yes

Signature of Physician

Address

Bowdol borough
Cauldry Ma

Accident or Suicide



Name
in
Full

Baude

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Airrys</u> Town		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1910</u>	Month <u>March</u>	Day <u>31</u>	Years	Months	Days
Age	<u>Still Born</u>				
Sex <u>male</u>	Color or Race <u>colored</u>	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Geo Baude</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Hattie Brown</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Geo Baude</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

Primary Still Born

(S) How long

Immediate 0

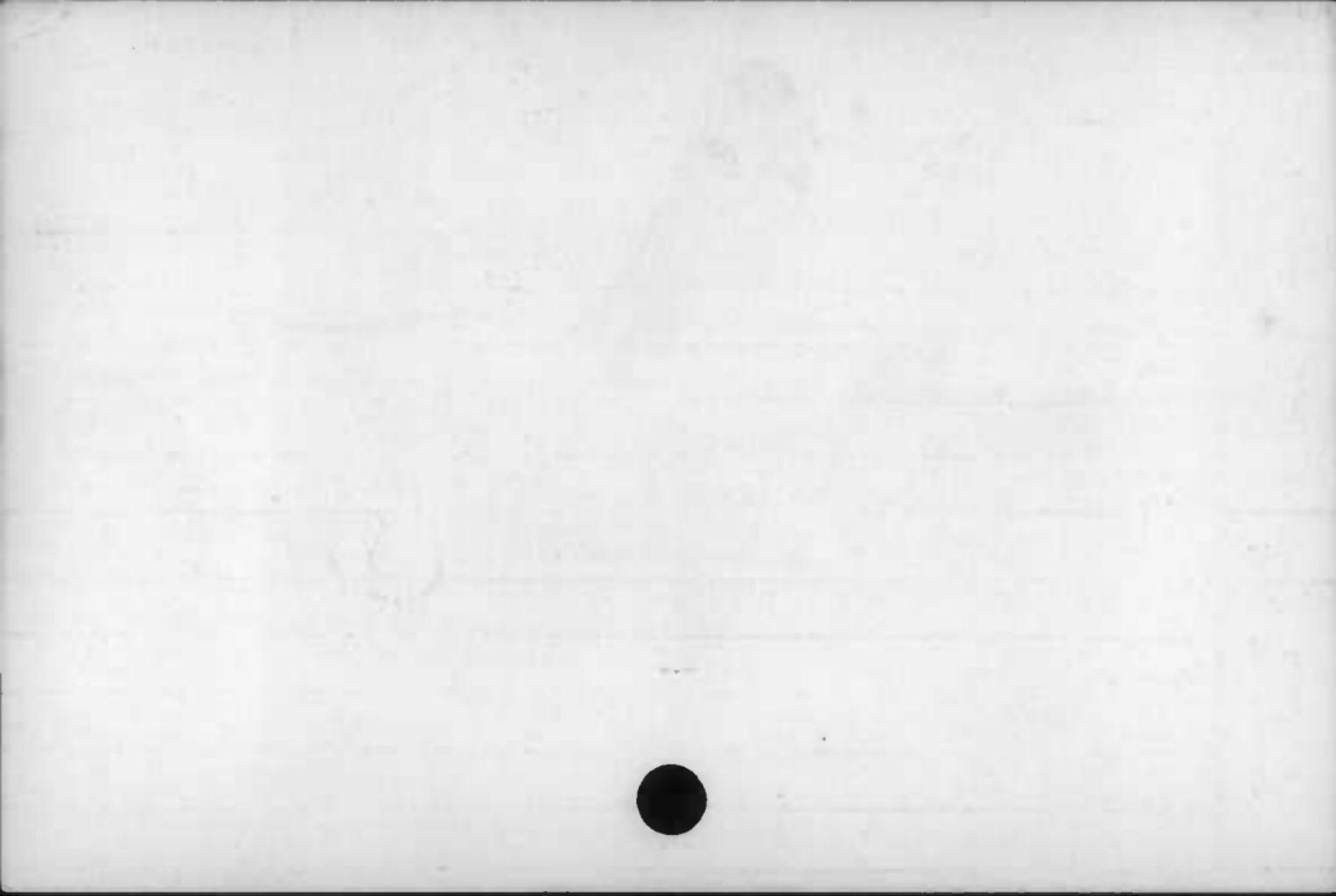
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Chas M. Hanley, M.D.

No physician in attendance
Accident or Suicide?

Address Cambridge Health Office



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Infant

Buckwith
son

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

Hurlock Buckwith son
1900 March 20th 0 0 21
male white
Occupation _____ Hurlock
Married, Single — Name of Wife or Husband _____
Father's Name M. F. Buckwith Father's Birthplace son Co
Mother's Maiden Name Alberta Wharley Mother's Birthplace son Co
Name of person giving Information Father How related to deceased Father

CAUSES OF DEATH

8 V

How long

— How long

PHYSICIAN
OR CORONER

Primary

or hoarsening cough

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

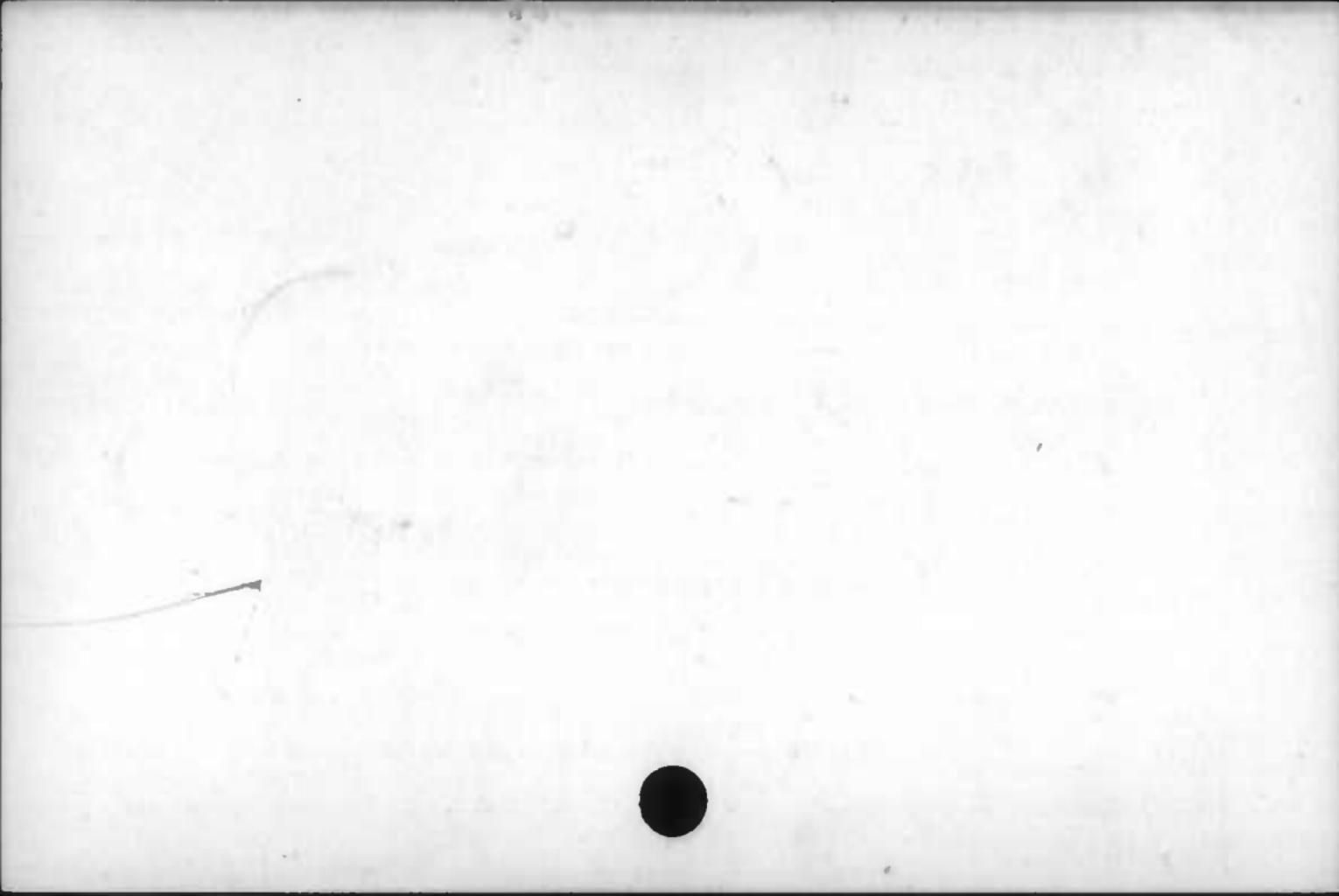
Address

no Physician

in attendance

Robert L Hastings Local Register

Accident or Suicide?



Name
in
Full

William Raymond Bradford

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND
Died at	Dorchester	
Date of death	Month	Day
1900	Mar	3
Age	Years	Months
Sex	Color or Race	Days
Male	White	23
Occupation	Where Residing if not at place of death	Birth-place
Infant	Not married	Grape, Md
Married, Single or Widowed	Name of Wife or Husband	Died at home
Single	Not married	
Father's Name	Father's Birthplace	
Eugene S. Bradford	Grape, Md.	
Mother's Maiden Name	Mother's Birthplace	
Adelaide May Domingos	Deathland Md	
Name of person giving Information	How related to deceased	
E. S. Bradford	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate *Unintentional*

Are the name, age, sex, color, date and place correctly given above?

Yes, so far as I know

Signature of Physician

Address

151

How long

How long

33 days

J. M. Whaley
Grape, Dorchester Co
Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Lewis Jones Colenace Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Died at	Burlock	Dor			
Date of death	Month	Day	Age	Years	Months
of death	1960	Mar 24	Age	78	Days
Sex	Male	Color or Race	Colored	Birth-place	Burlock Co.
Occupation	Labourer				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Lewis Jones Colenace				
Mother's Maiden Name	Mauda Sampson				
Name of person giving information	Mrs Colenace				

CAUSES OF DEATH

154

How long

PHYSICIAN
OR CORONER

Primary

Old age

Immediate

Are the name, age, sex, color, date and place correctly given above?

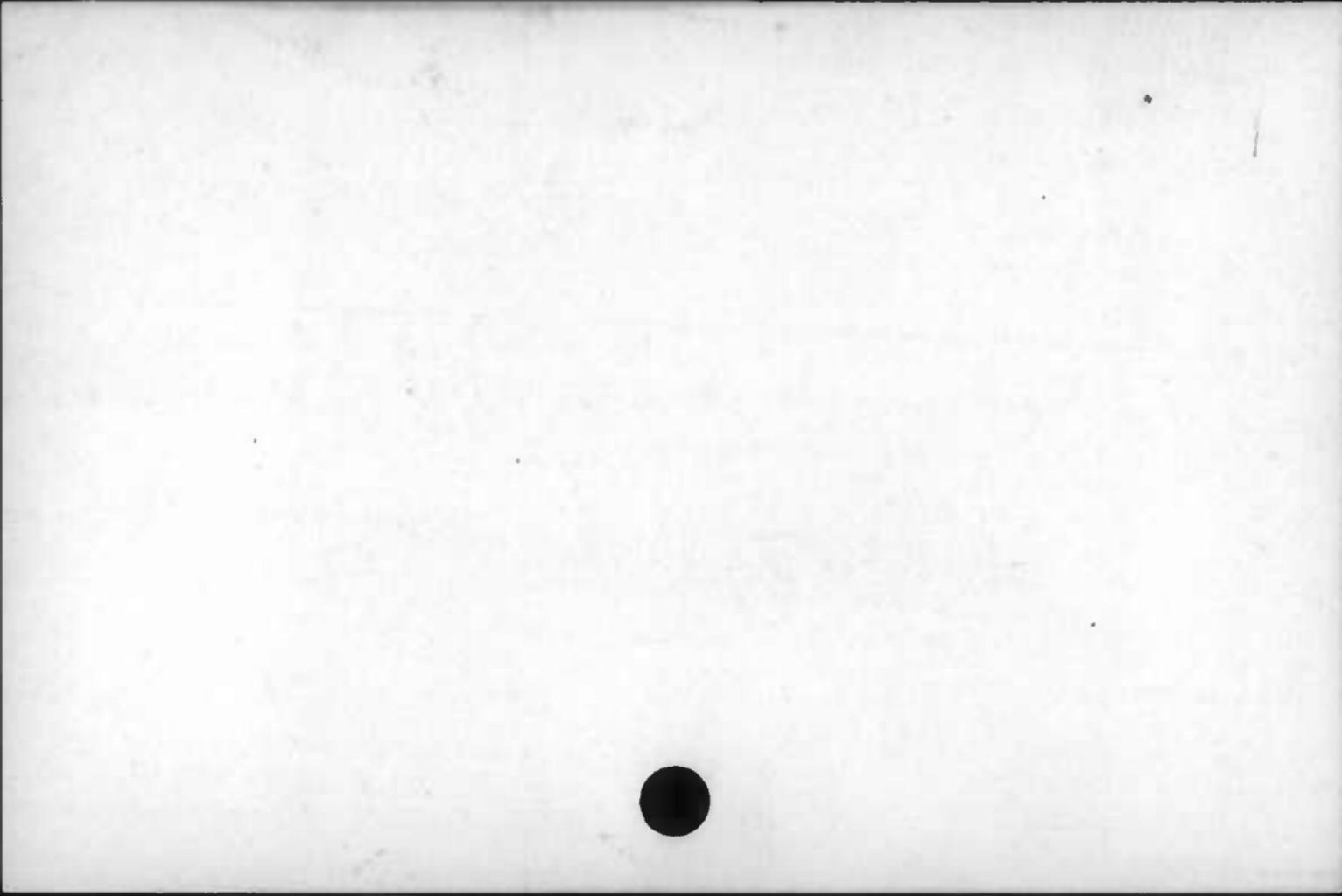
Yes

Signature of Physician

Address

No 87 in Attleboro
Robert L Hastings
Local Physician

Accident or Suicide?



Name
in
Full

Norman Leulborn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Babinecreek · County Dorchester MARYLAND

Town Month Day Years Months Days

Date of death 1900 3 29 Age 2 Birth-place Dorchester

Sex Male Color or Race White

Occupation Where Residing if not at place of death

Married, Single
or Widowed

Name of Wife or Husband

Father's Name

Fred Leulborn

Father's Birthplace

Dorchester

Mother's Maiden Name

Ethel Canady.

Mother's Birthplace

Salisbury

Name of person giving Information

Edward Leulborn

How related to deceased

Brother

CAUSES OF DEATH

Primary

Tuberculosis

28 ✓

Immediate

Asthma

How long

Don't know

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Edward L Jones

PHYSICIAN
OR CORONER



Accident or Suicide

E n m

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary E leopoldson

Town

Died at

Reds Grove

County

Dorchester

CERTIFICATE OF DEATH

MARYLAND

Date

of death 190

Month

3

Day

5

Years

62

Months

0

Days

0

Age

62

Sex

Female

Color or
Race

White

Birth-
place

unknown

Occupation

House Wife

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Wesley leopoldson

Father's
Name

Mr Murphy

Father's
Birthplace

Dorchester

Mother's
Maiden Name

Elizabeth Parker

Mother's
Birthplace

Dorchester

Name of person giving
Information

Ellen leopoldson

How related
to deceased

Son

CAUSES OF DEATH

Primary

Acute Indigestion

103

How long

2 days

Immediate

Heart Failure

How long

10 Minutes

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. F. Nichols, M.D.
E. N. Market, M.D.

Accident or Suicide

Reds Grove

Name
in
Full

William W. Corkran.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Near Williamsburg Town Dorchester County

MARYLAND

Date Month Day Years Months Days
of death 1940 Mar. 29 Age 71 9 —

Sex Male

Color or
Race

White

Birth-
place

Dorchester Co. Md

Occupation Farmer.

Where Residing if not
at place of death

Married, Single
or Widowed Married

Name of Wife or
Husband

Annie M. Corkran.

Father's
Name

Dorchester Co. Md

Algernon Corkran.

Mother's
Maiden Name Susan Carroll,

Mother's
Birthplace

" " "

Name of person giving
Information Jos. H. Corkran,

How related
to deceased

Brother.

CAUSES OF DEATH

Primary

Valangard failure of heart

(10)

✓

How long

20 years

Immediate

Heart stopped

How long

12 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

O G Maguire
Hurlock Md

PHYSICIAN
OR CORONER

H

Accident or Suicide

Name
in
Full

Mary F. Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Taylor's Island - Dorchester

MARYLAND

Date
of death 19

Month

Day

Years

Months

Days

March 2

Age 39

Sex Female
Occupation

Color or
Race

African

Birth-
place

Md

Where Residing if not
at place of death

H B

Married, Single
or Widowed

Married

Name of Wife or
Husband

Sam'l F. Cornish

Father's
Name

Noah Meekins

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary A. Cornish

Mother's
Birthplace

Md.

Name of person giving
Information

Sam'l F. Cornish

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Premature Birth Haemorrhage

135

How long

V

1 day

Immediate

Shock

1 day

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Yes

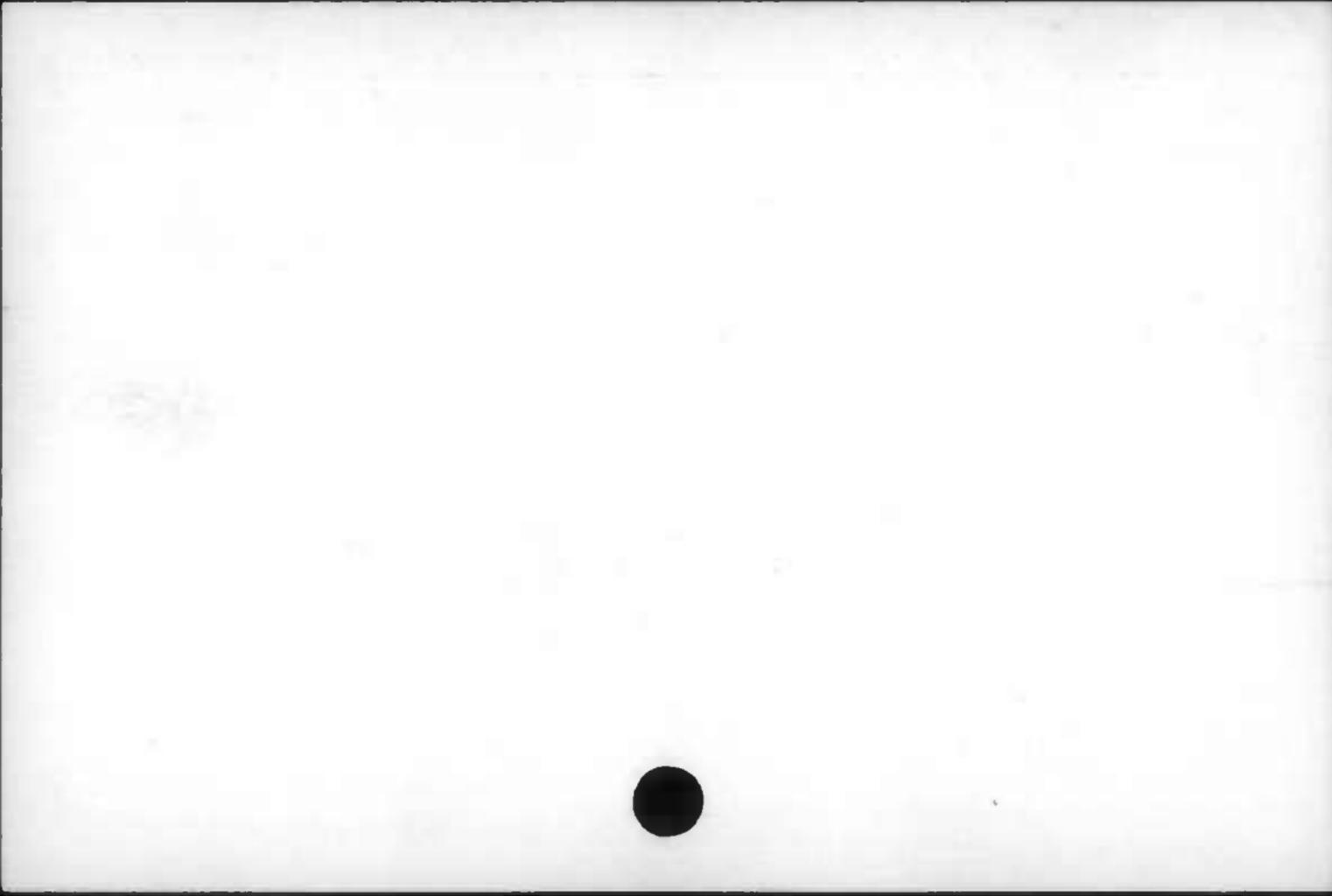
Address

J. R. Shriver Jr.
Taylor's Island
Dor. Co. Md

PHYSICIAN
OR CORONER

Accident or Suicide

H



Name
in
Full

Rosie Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Lafayette

County Worcester

MARYLAND

Date of death 1950 Month Mar,

Day 24

Years 67

Months 2

Days 3

Sex Female

Color or Race

Black

Birth-place

Oriental Co

Occupation Housewife

Where Residing if not
at place of death ✓

Married, Single or Widowed

Widow

Name of Wife or Husband

Father's Name

John Pritchett

Father's Birthplace

Oriental Co

Mother's Maiden Name

Don't Know

Mother's Birthplace

Don't Know

Name of person giving information

John Lee

How related to deceased

None

CAUSES OF DEATH

Primary

Pneum

93 ✓

Immediate

Pneumocystis
yes

Are the name, age, sex, color, date and place correctly given above?

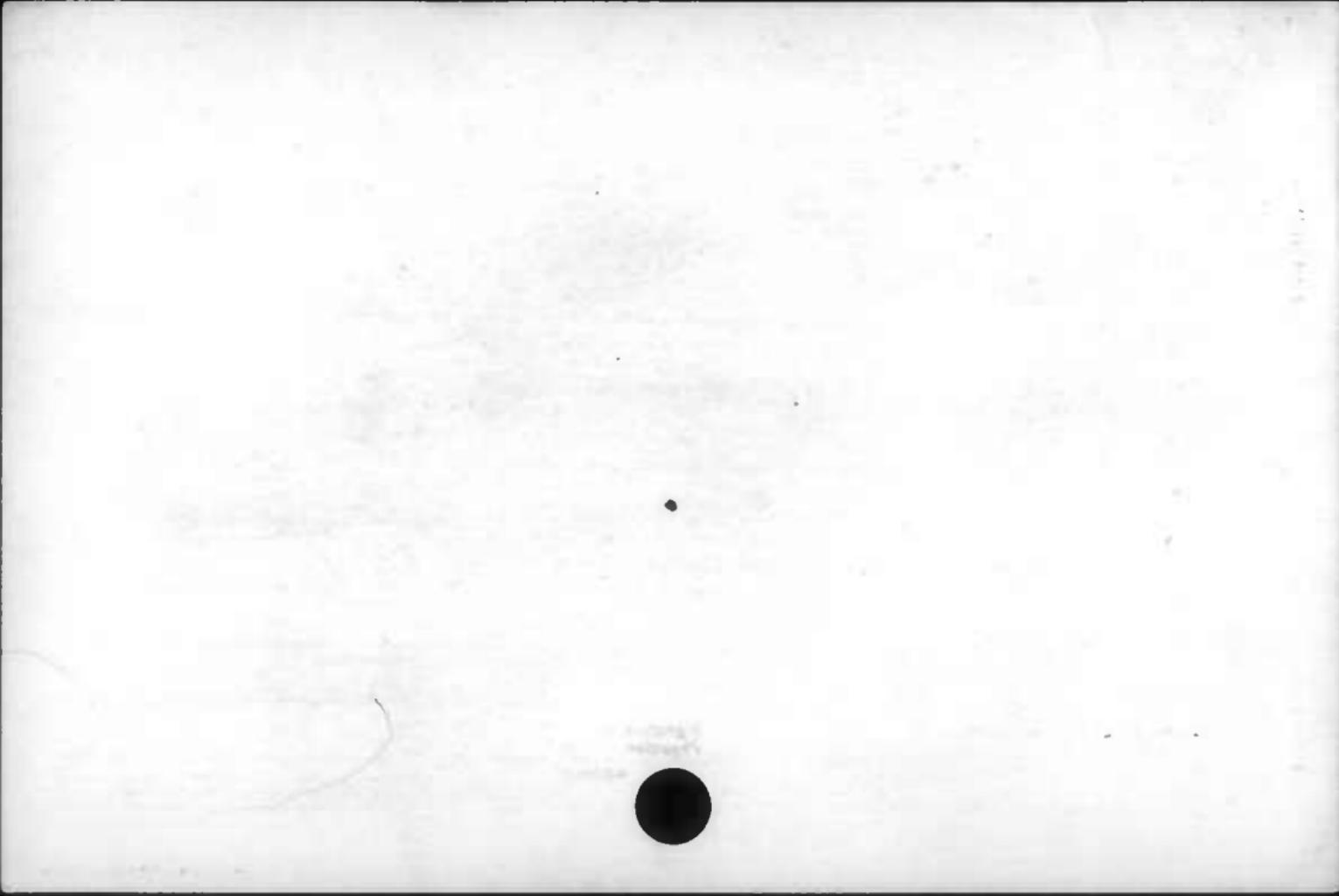
Signature of Physician

Address

✓
O'Farrell
Lambert Jr. sad

Accident or Suicide

one week
2 days



Name
in
Full

Edward F. Corsey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Colored	Birthplace	Dorchester Co
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James F. Corsey		Father's Birthplace	Dorchester Co	
Mother's Maiden Name	Blanche Johnson		Mother's Birthplace	"	"
Name of person giving Information	Blanche Corsey		How related to deceased	Mother	

CAUSES OF DEATH

9K

PHYSICIAN
OR CORONER

Primary

Bronchitis Pneumonia

How long

3 days

Immediate

Convulsions

How long

Several hours

Are the name, age, sex, color, date and place correctly given above?

Yes

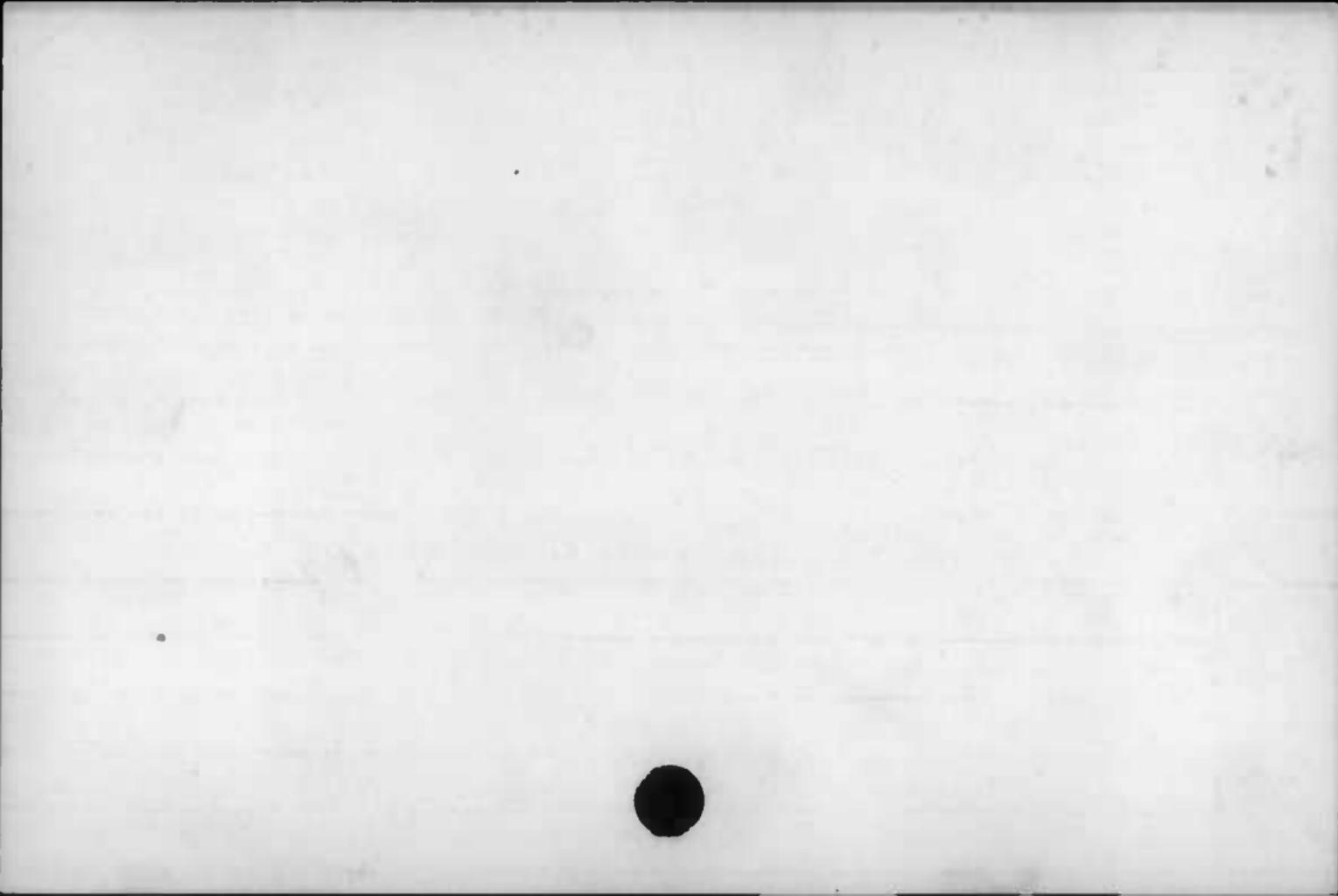
Signature of Physician

Lester S. Reynolds M.D.

Address

Cambridge, Md

Accident or Suicide?



Name
in
Full

Mrs Susan Carolina Creighton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Accident or Suicide

Town

County

MARYLAND

Died at Fishing Creek

Dorchester

Month

Days

Date
of death

Month

Day

Years

Month

Days

1960 March 13th

Age 55

3

26

Sex

Color or
Race

white

Birth-
place

Dorchester Co.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Sam'l. M. Creighton

Father's
Birthplace

Dorchester Co.

Father's
Name

John Aaron

Mother's
Birthplace

Dorchester Co.

Mother's
 Maiden Name

Eliza Tall

How related
to deceased

Husband

Name of person giving
Information

Sam'l. M. Creighton

Husband

CAUSES OF DEATH

Primary

Influenza, Anti Regurgitation five weeks.

10

V

How long

Immediate

Cardiac Failure five days.

How long

Are the name, age, sex, color, date
and place correctly given above?

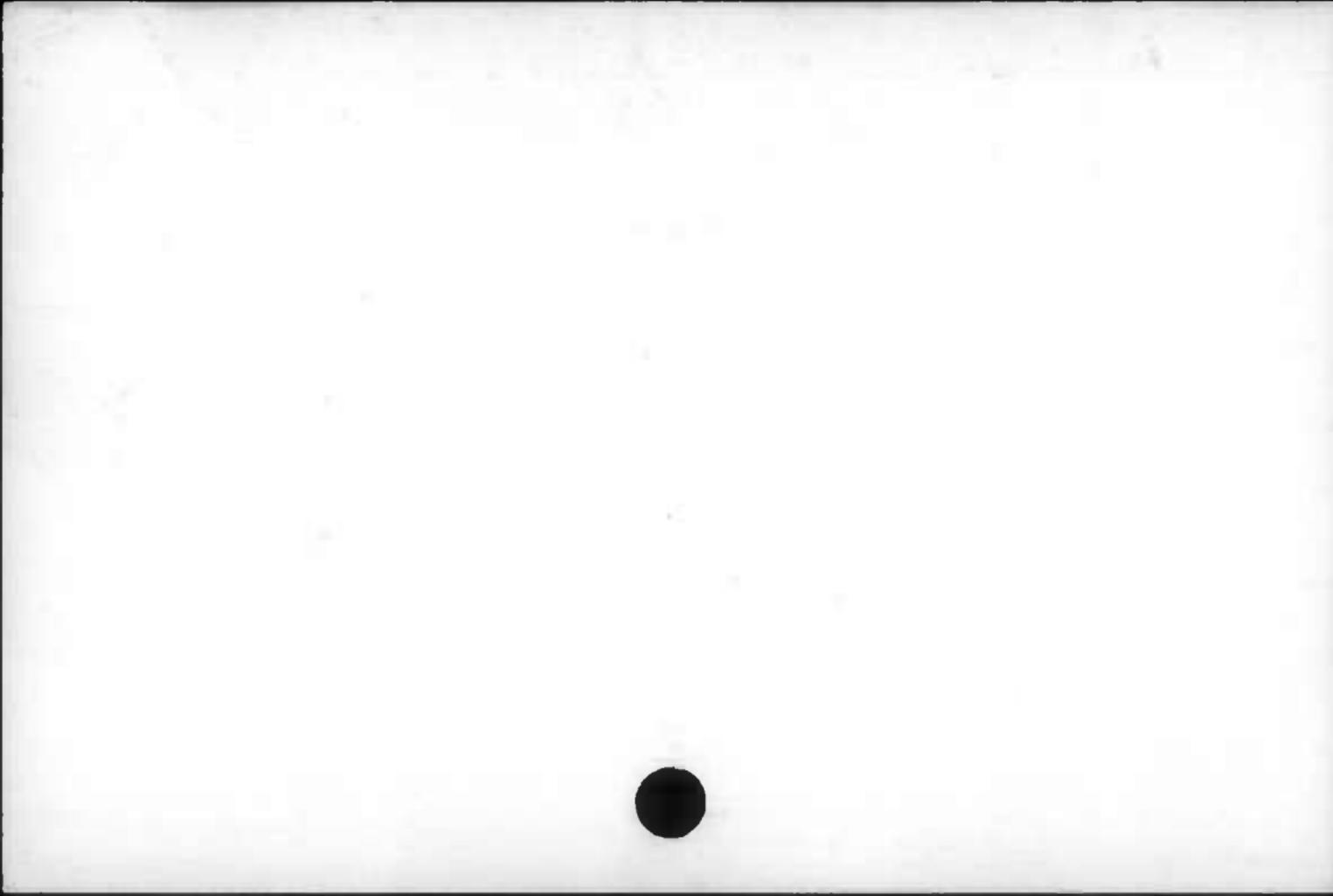
yes

Signature of
Physician

Address

W.H. Houston, M.D.

Fishing Creek, Ind.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ralph D W Dennis

CERTIFICATE OF DEATH

Town County
Died at Cambodge Dorchester Co MARYLAND
Month Day Years Months Days
Date of death 1900 March 19 Age 1 14
Sex Male Birth-place Neck bis
Occupation Baby Cambodge
Married, Single Name of Wife or Husband
or Widowed Single
Father's Name Robert Dennis Pocomoke City
Mother's Maiden Name Lizzie Ward Buckhurst
Name of person giving Information Robert Dennis Father

CAUSES OF DEATH

Primary Capillary Bronchitis

Immediate Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

6 Hussey Street
Health officer

No physician called.

Accident or Suicide 2474

98

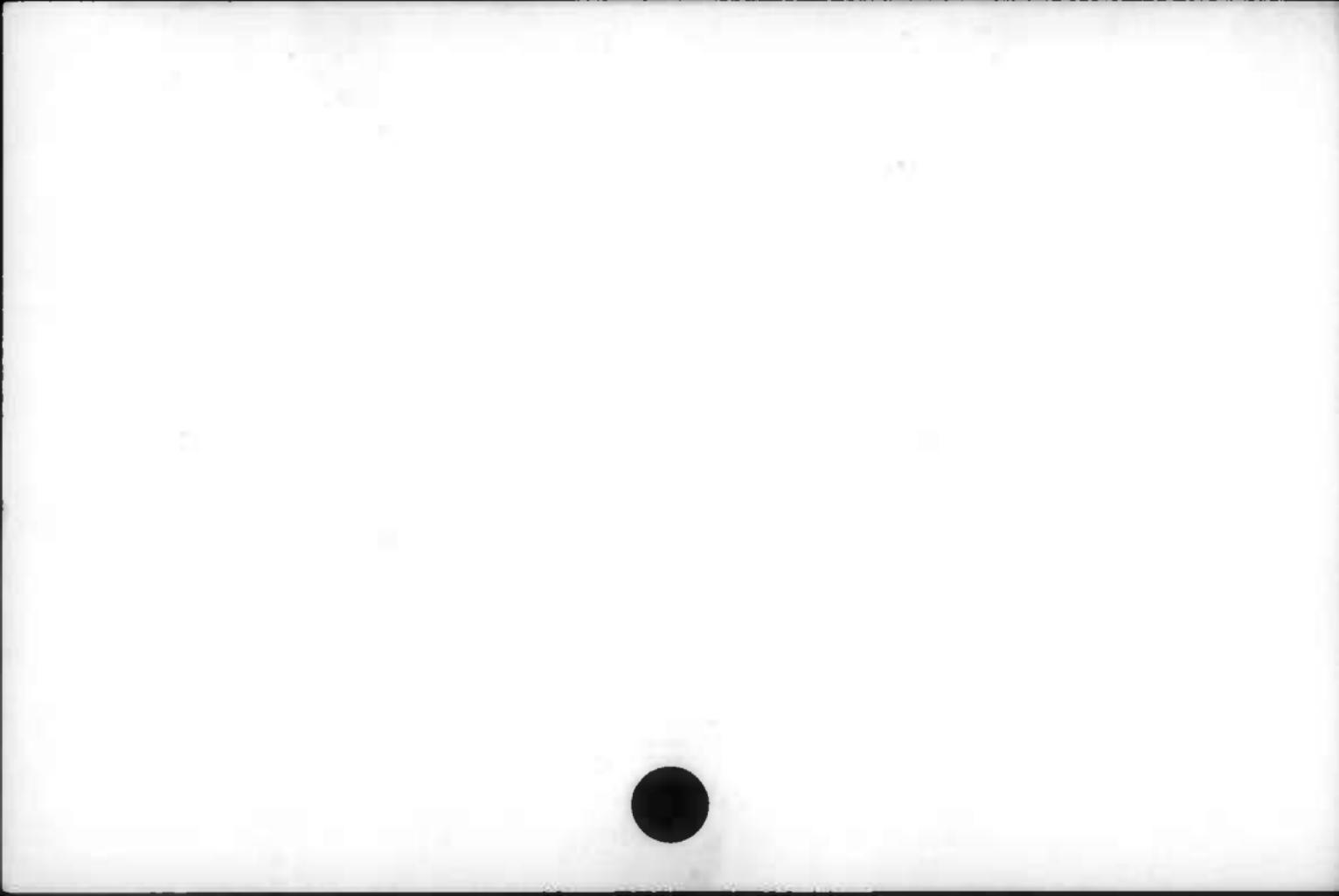
v

How long

one week

How long

few hours



Name
in
Full

Trillie Evans.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	Month	Day	Years	Months	Days
Date of death		1910	Mar.	13	Age	90	as near as known.
Sex	Female	Color or Race	Black				
Occupation	House-work.		Where Residing if not at place of death				
Married, Single or Widowed	Widow,	Name of Wife or Husband	Henry Evans, Deed.				
Father's Name			Camper.				
Mother's Maiden Name	Unknown.						
Name of person giving Information	Margaret Baxton		Probably Dorchester Co., Md.				

CAUSES OF DEATH

Primary

Central Apoplexy

64

✓

How long

6 days.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

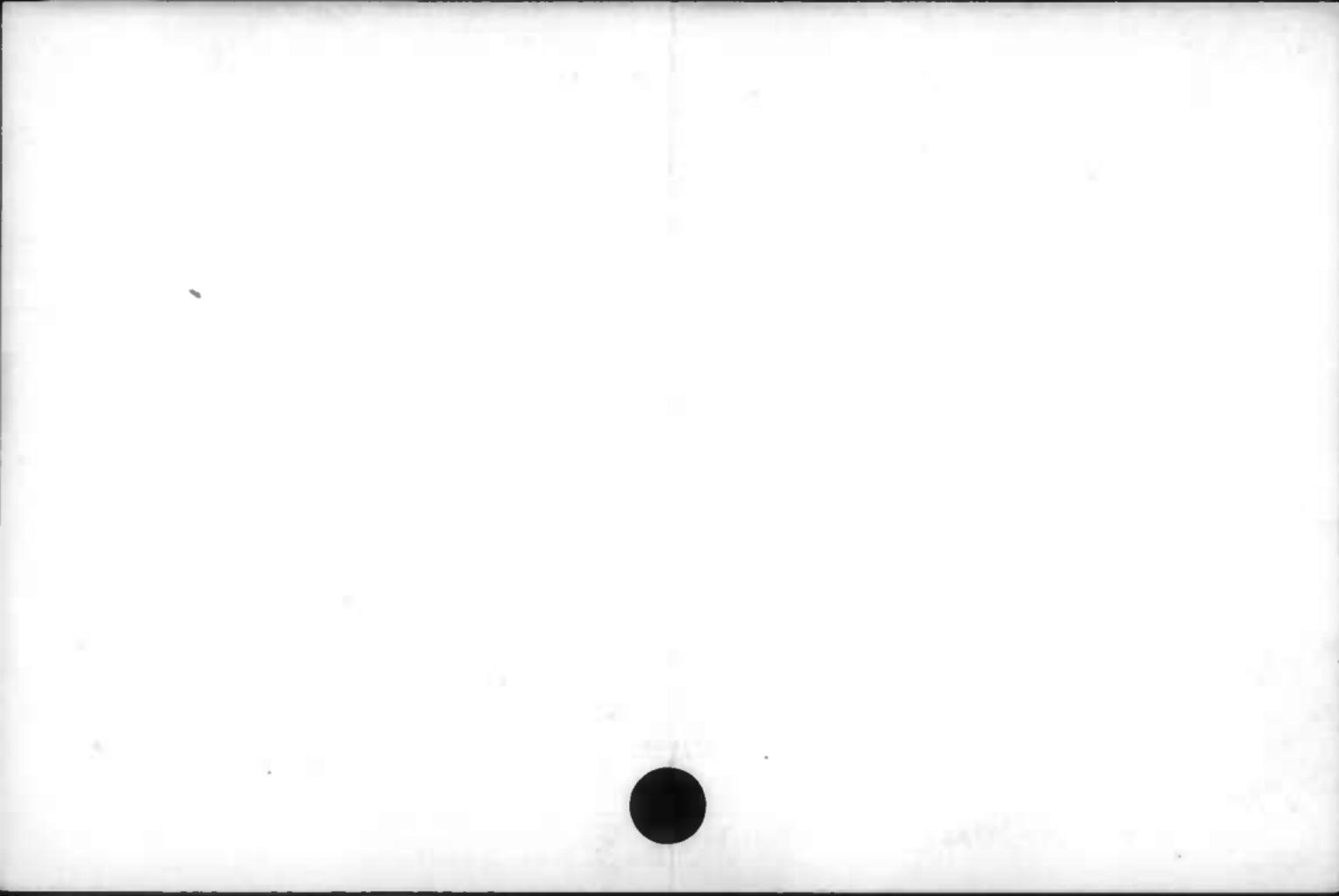
Address

J. J. Brooks,
Federalsburg
Caroline Co. Md.

PHYSICIAN
OR CORONER



Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Susan F. Griffis

CERTIFICATE OF DEATH

Town County
Dakesville Dorchester MARYLAND
Died at Month Day Years Month Days
Date of death 1903 March 20 Age 80 — —
Sex Female Color or Race colored Birth-place Lakesville
Occupation Housework Where Residing if not Lakesville
Merried, Single Name of Wife or Husband Single Father's
or Widowed Name Samuel Griffis Birthplace Unknown
Mother's Maiden Name Mary E. Griffis Mother's Birthplace Unknown
Name of person giving Information Silas Travers How related to deceased None

CAUSES OF DEATH

154

How long

Primary

Immediate

Drunkeness

Are the name, age, sex, color, date
and place correctly given above?

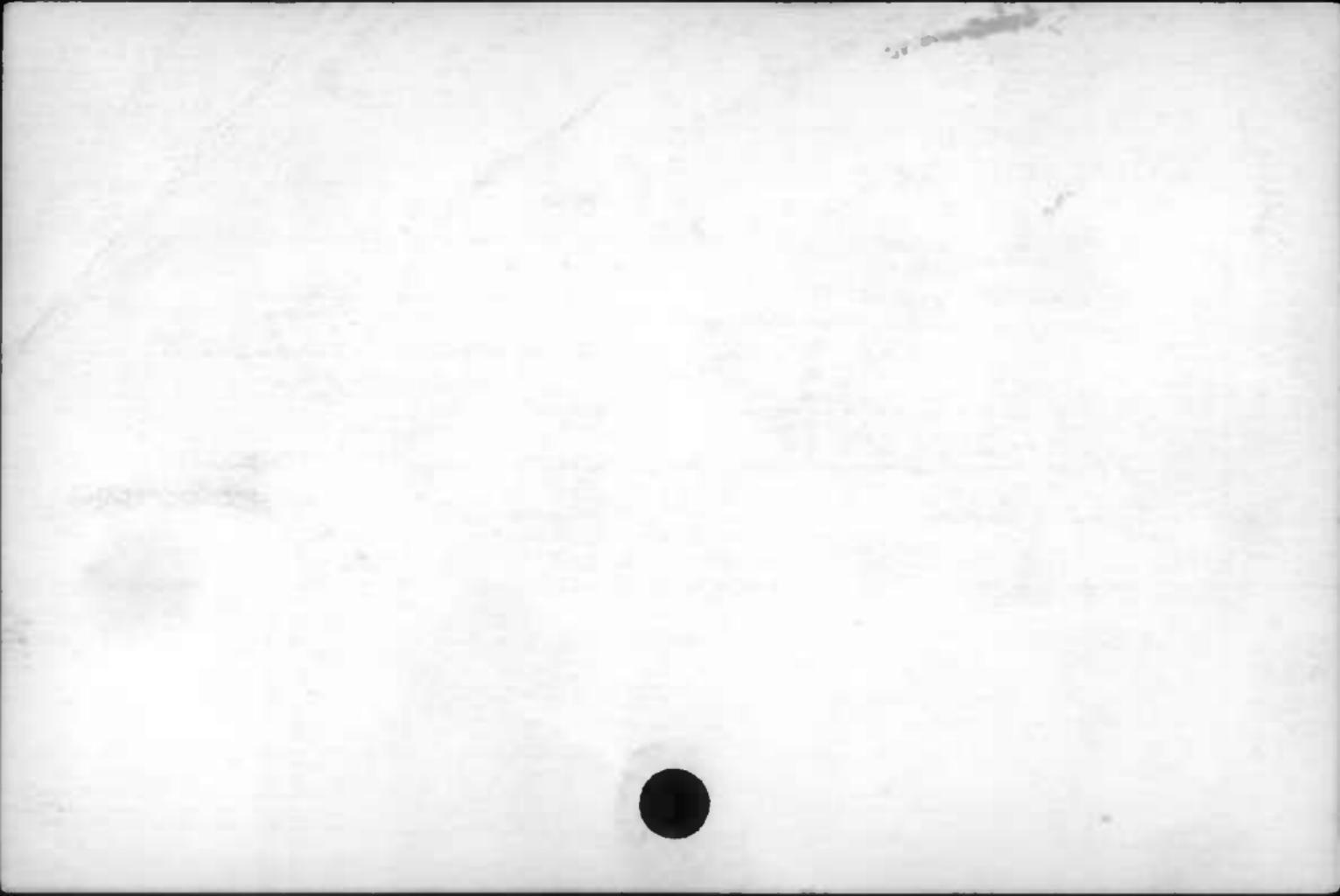
Yes, so far as I know

Signature of
Physician

Address

J. M. White, M.D.
Chap. Dorchester Co.
Md.

Accident or Suicide



Name
in
Full

Edwin M Harper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1910	Month March	Day 6	Years 68	Months	Days
Sex	Male	Color or Race	White	Birth-place East New Market		
Occupation	Farmer		Where Residing if not at place of death Salem			
Married, Single or Widowed	Married		Name of Wife or Husband	Katie Hagan		
Father's Name	John M Harper		Father's Birthplace East New Market			
Mother's Maiden Name	Sallie dream		Mother's Birthplace Vienna			
Name of person giving Information	Wallace M Harper		How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

gags.

Immediate

Exhaustion

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

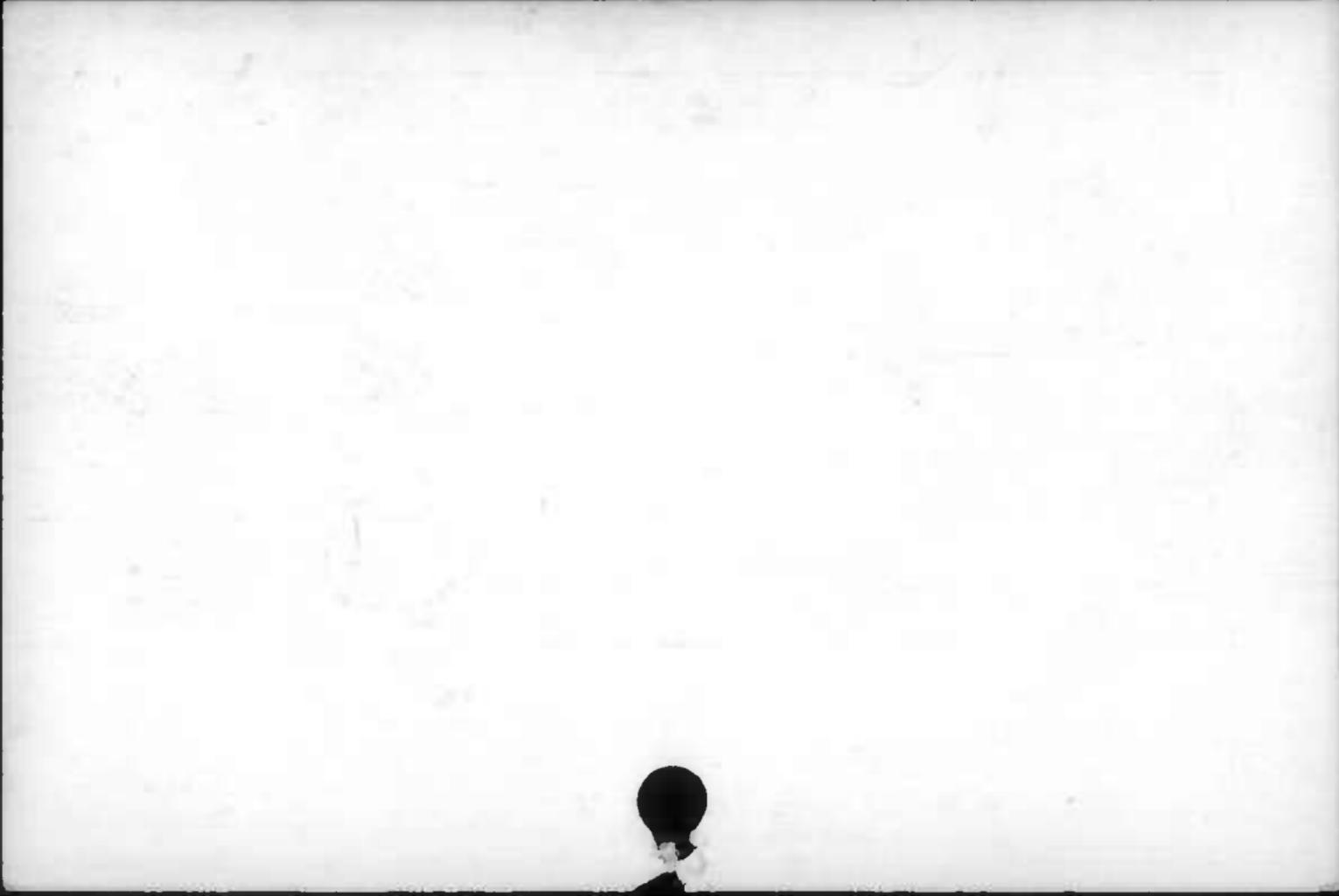
Yes

Signature of Physician

Address

Bethel Lodge
Cambridge Md

Accident or Suicide



Name
in
Full

Glenn M. Harper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town
Died at Bear Hurlock County
Month Dey Years Months Days
Date of death 1900 Mar 21" Age 16 11 18
Sex Male Color or Recd white Birth-place Dorchester Co. Md.
Occupation General Work & Farmer Where Residing if not at place of death Hurlock, Md.
Married, Single Single Name of Wife or Husband
Father's Name George W. Harper, dec'd. Father's Birthplace Dorchester Co. Md.
Mother's Maiden Name Minnie V. Medford Mother's Birthplace " "
Name of person giving information Minnie V. Harper, How related to deceased " "
Information

CAUSES OF DEATH

Primary

Accidental death

(Hab)

How long

Immediate

thrown against slimy log
belt of gasoline confined
by Maguire

How long

Are the name, age, sex, color, date
and place correctly given above?

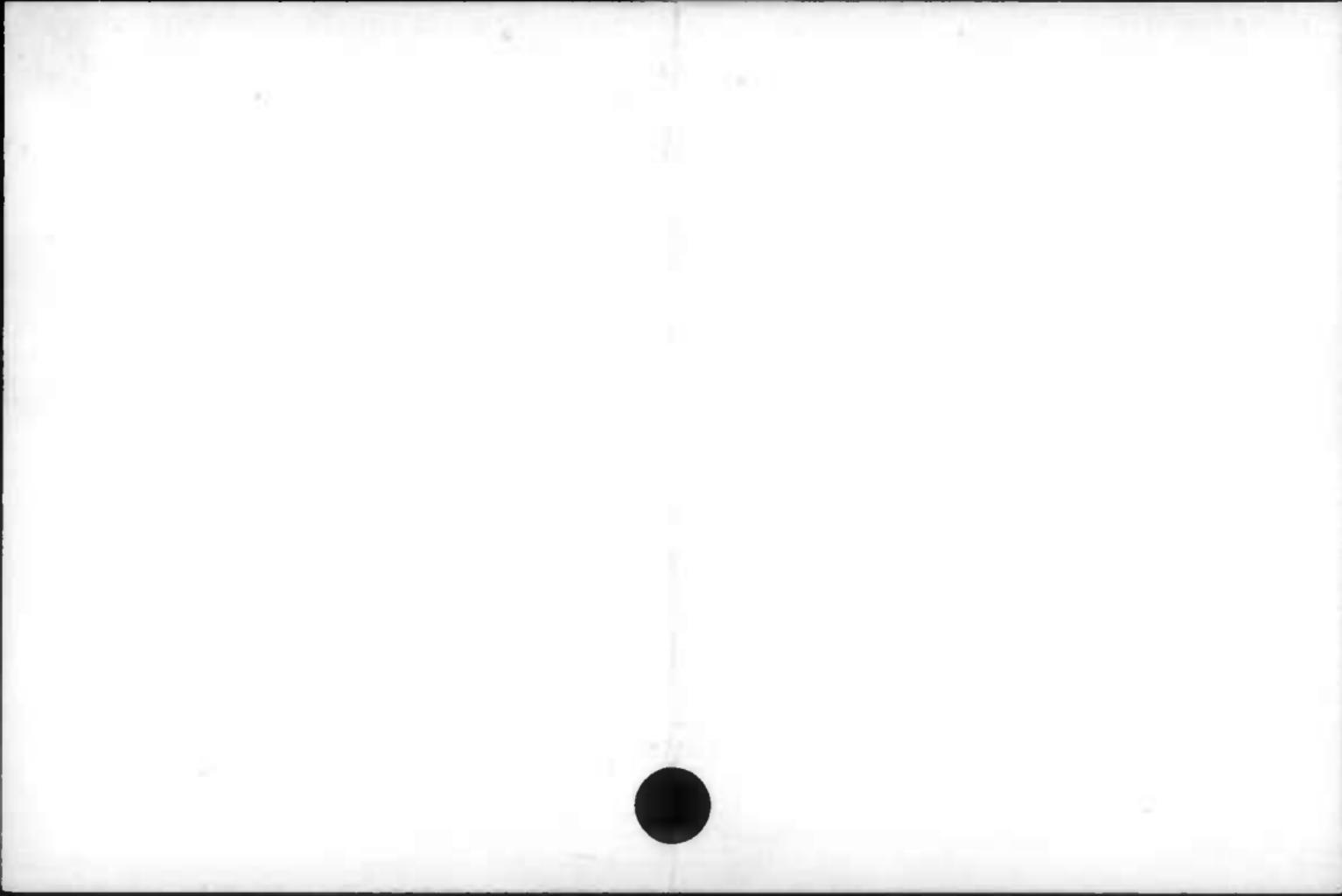
Signature of
Physician

Address

Accident or Suicide

MARYLAND

PHYSICIAN
OR CORONER



Name
in
Full

Arthur B. Hayward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at					
Date of death 190	Month	Day	Years	Months	Days
Sex Male	Color or Race	Age 34		Birth- place Maryland	
Occupation Druggist	Where Residing if not at place of death Near Cambridge				
Married, Single or Widowed Married	Name of Wife or Husband Nellie A. Hayward			Father's Name Francis Hayward	Maryland
Mother's Maiden Name Mary Christopher			Mother's Name		
Name of person giving Information Nellie A. Hayward			How related to deceased	wife	

CAUSES OF DEATH

27 ✓

How long

How long

Primary

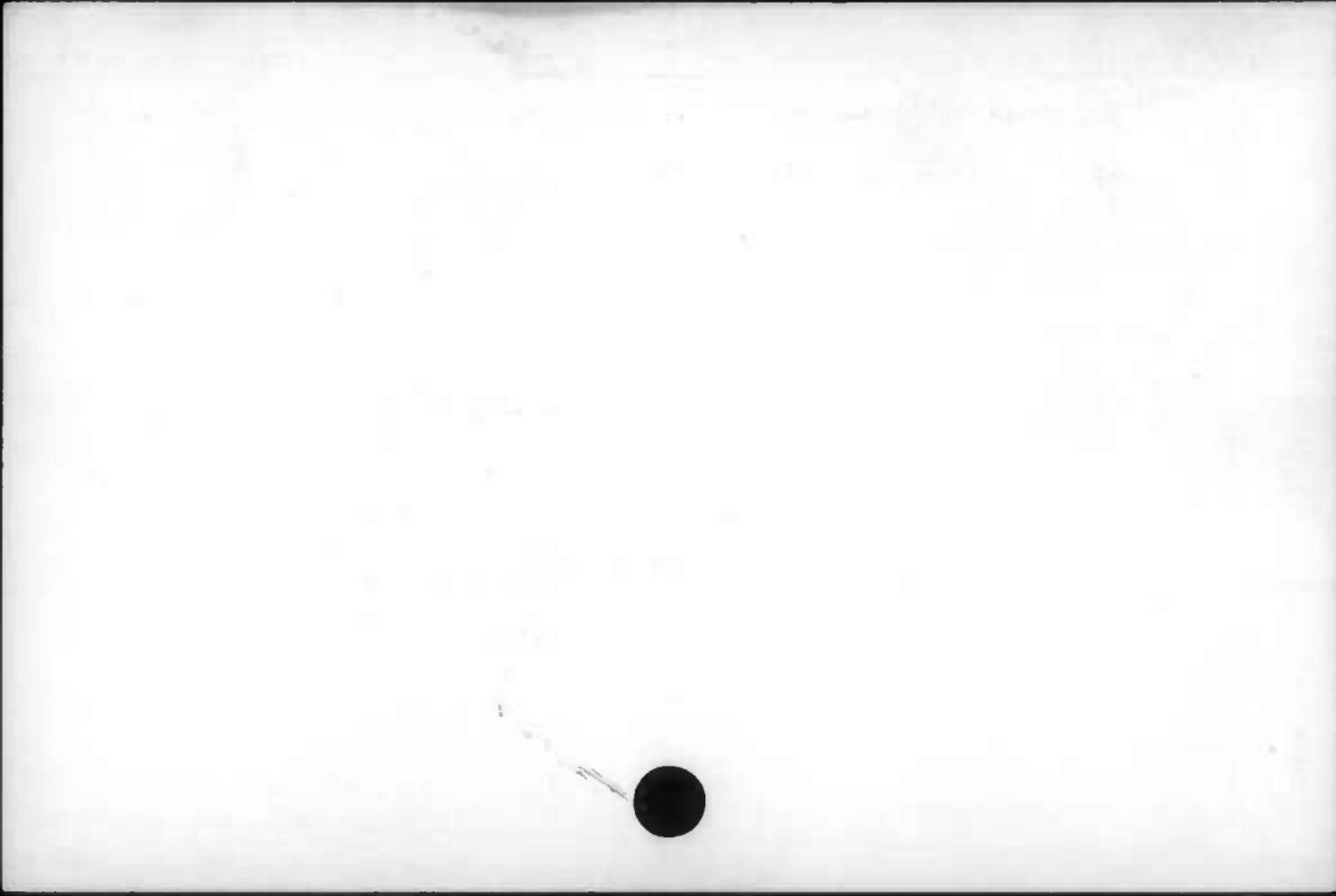
Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

Edward Haeliday

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

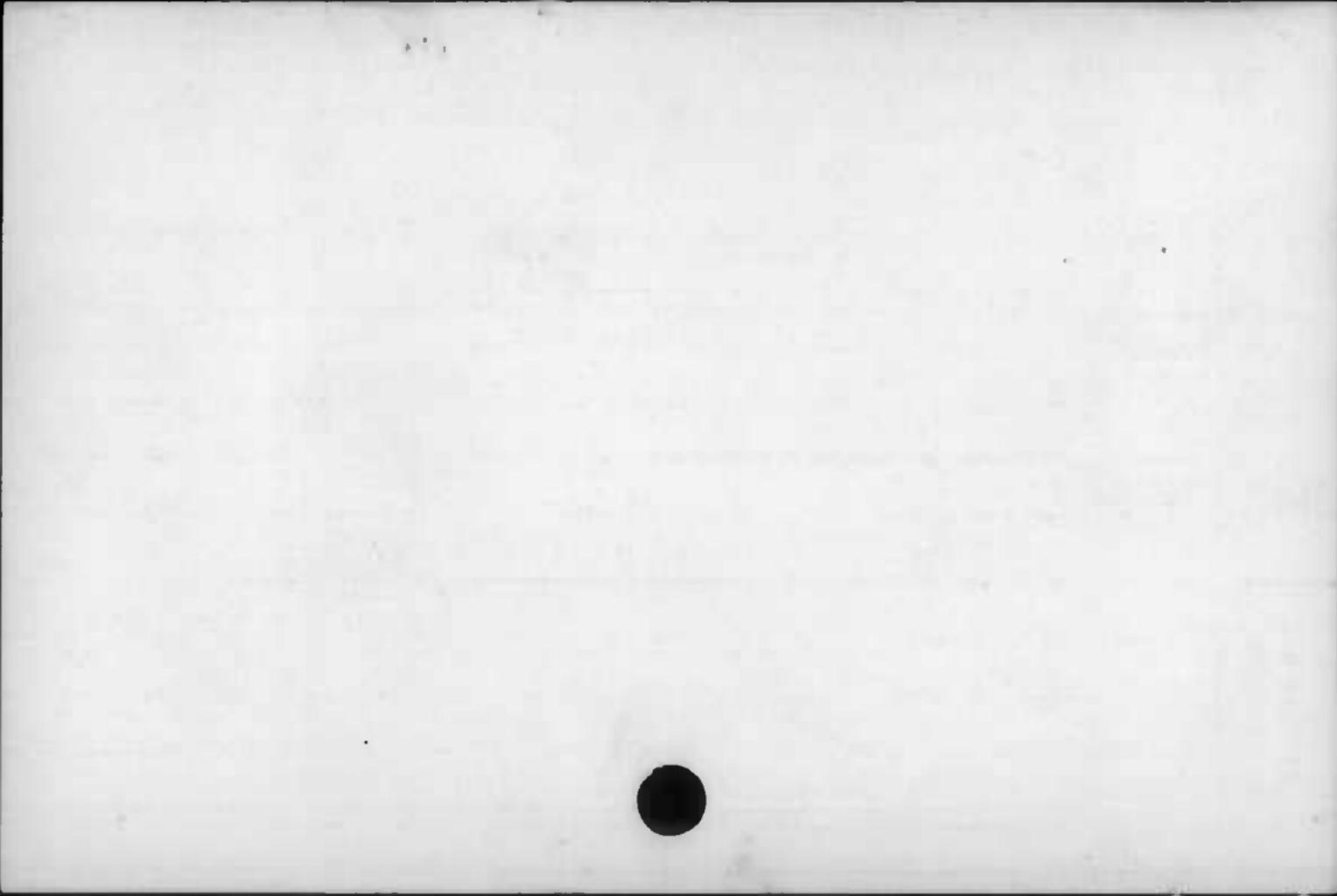
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Julia Ann Camper	
Father's Name	John Haeliday		
Mother's Maiden Name	Eliza Sampson		
Name of person giving Information	Joseph Haeliday		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Nephritis		
Immediate	Mild Insufficiency		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Lester P. Randolph
		Address	Cambridge Md
Accident or Suicide?			



Name
in
Full

Elizabeth Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at
Town

Date
of death

Month

Day

County

Months

Days

Easy New Market Dorchester

MARYLAND

Sex

female

Color or
Race

Colored

Birth-
place

md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Oppr St. Jackson

Father's
Birthplace

Mother's
Maiden Name

Mary. Mobray

Mother's
Birthplace

Name of person giving
Information

Oppr W. Jackson

How related
to deceased

Primary

CAUSES OF DEATH

Immediate

Stell Bone

How long

Are the name, age, sex, color, date
and place correctly given above?

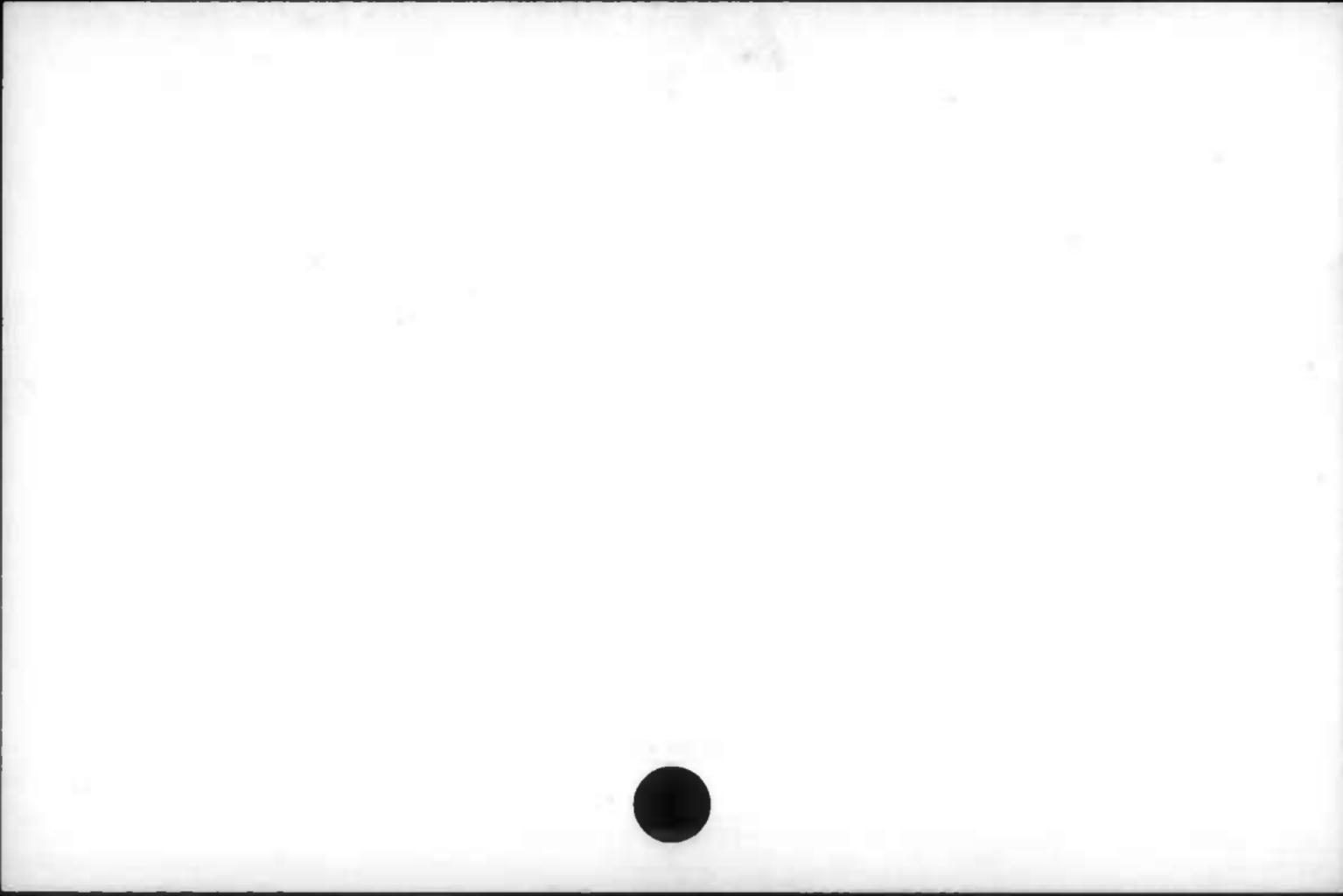
yes

Signature of
Physician

Address

W. W. McAdams
East New Market

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at East New Market Worcester County
Town Month Day Years Months Days
Date of death 1900 March 16 ✓ ✓ ✓ ✓

Sex male Color or Race colored

Occupation ✓

Where Residing if not
at place of death ✓

Married, Single
or Widowed

Name of Wife or
Husband ✓

Father's Name

Wm W. Jackson

Father's Birthplace

✓

Mother's Maiden Name

Mary Mowbray

Mother's Birthplace

✓

Name of person giving
Information

Wm W. Jackson

How related
to deceased

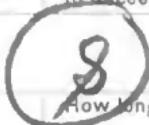
father

CAUSES OF DEATH

Primary

Immediate

Stroke



How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

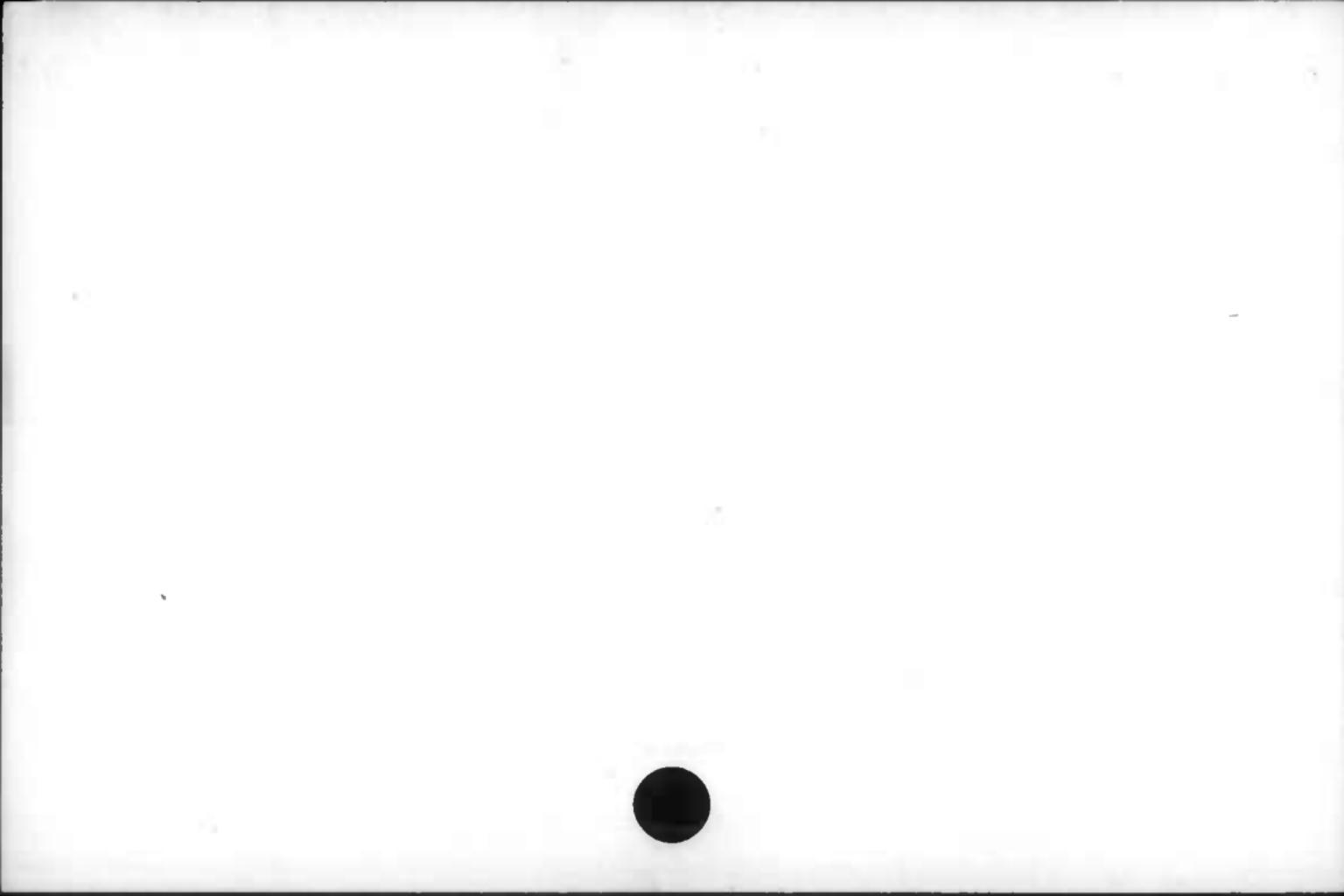
Signature of
Physician

Address

H. F. Nichols M.D.

East New Market

Accident or Suicide



Name
in
Full

Emily Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County	MARYLAND			
Died at Bishop Head	Dorchester				
Date of death 1960	Month March	Day 29	Years Age 86	Months —	Days —
Sex Female	Color or Race white	Birth-place Bishop Head			
Occupation Housework	Where Residing if not at place of death Bishop Head	Bishop Head			
Married, Single or Widowed widow	Name of Wife or Husband Dead - unknown	Father's Birthplace Bishop Head			
Father's Name Isaac Bramble	Mother's Maiden Name Betsy Cannon	Mother's Birthplace unknown			
Name of person giving Information Wm J Jones	How related to deceased Son				

CAUSES OF DEATH

Primary

old age

154

v

How long

15 months

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

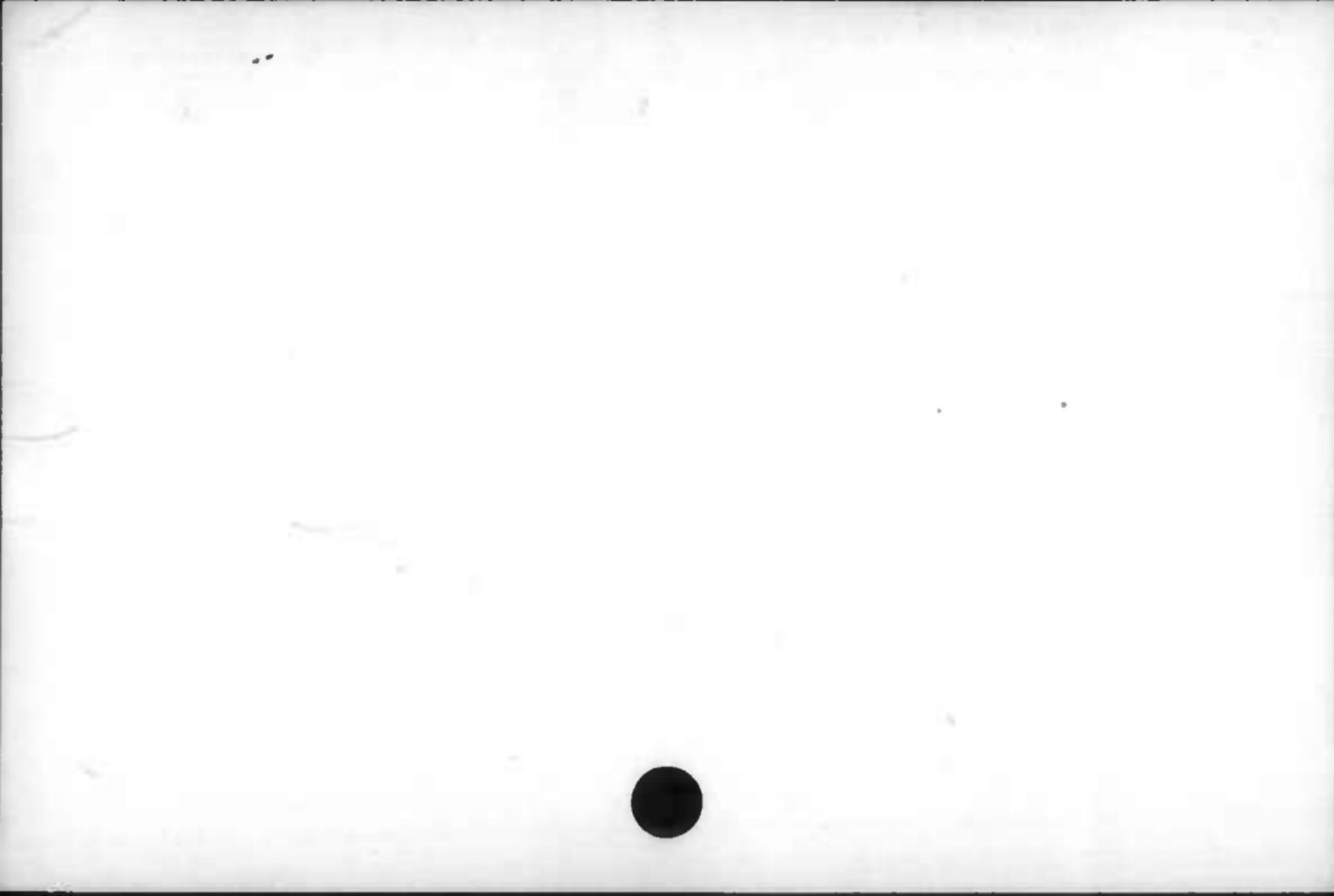
no Physician in attendance

Address

Wm H Pritchett

Subregister Bishop Head, Md

Accident or Suicide



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

May & Jones				Dorchester				CERTIFICATE OF DEATH			
Died at	Town			County			MARYLAND				
Died at	Wingates			Dorchester							
Date of death	1900	Month	March	Day	14	Years	28	Months	4	Days	17
Sex	Femal	Color or Race	White	Birth-place	Wingates						
Occupation	Housewife			Where Residing if not at place of death	died at home.						
Married, Single or Widowed	Married	Name of Wife or Husband	E J Jones								
Father's Name	Joseph Fitzhugh			Father's Birthplace	Lakeville						
Mother's Maiden Name	Amanda F Draps			Mother's Birthplace	Wingates						
Name of person giving information	Amanda F Fitzhugh			How related to deceased	Mother						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis

Unknown

Immediate Peritonitis, Tuberculosis

How long
6 1/2 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

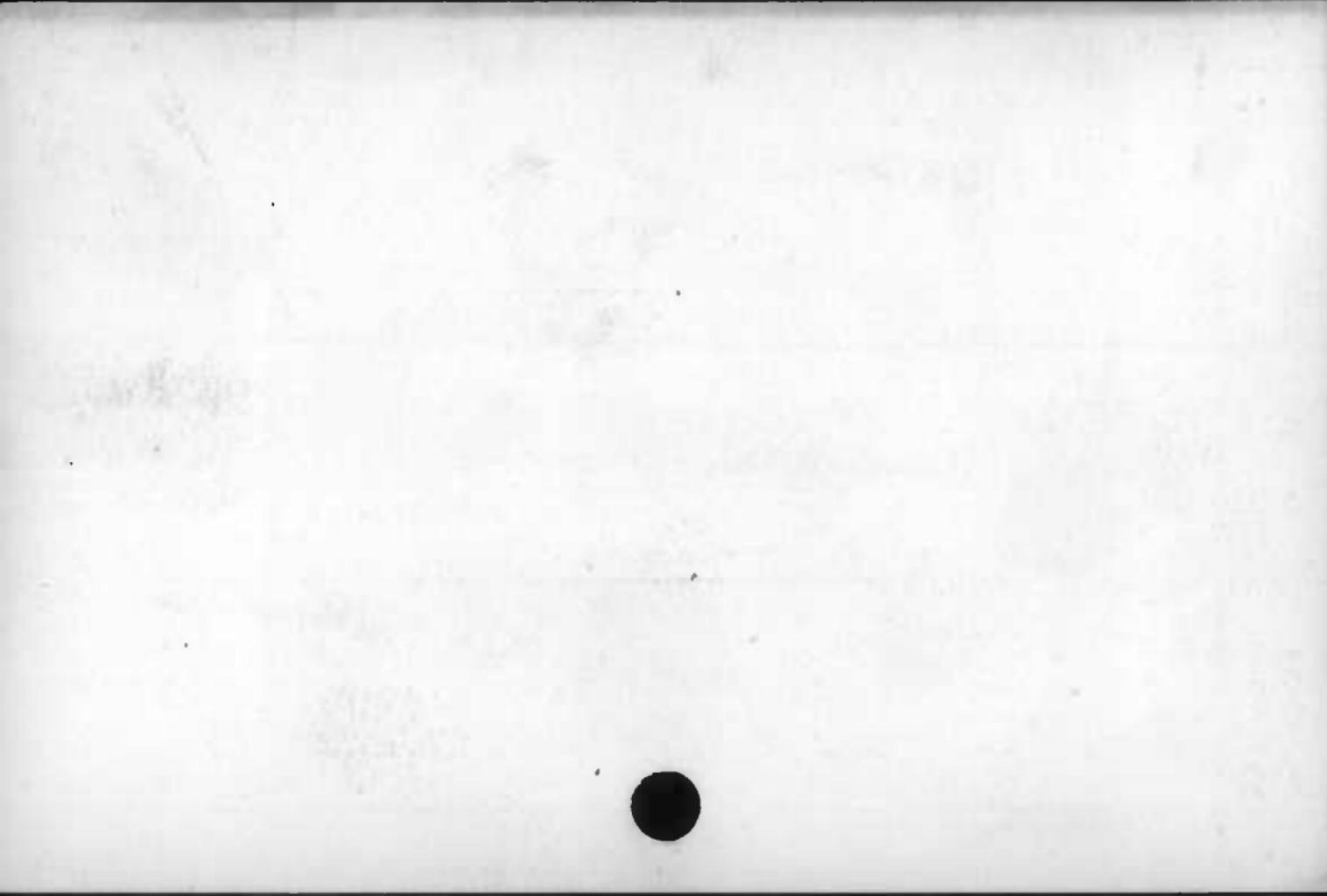
M. White, M.D.

far as I know

Address

Dr. Draps, Dorchester Co.
Md.

Accident or Suicide?



Name
in
Full

Vina Jours

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Died at Pofferville			County	Dorchester	
Date of death	Month	Day	Years	Month	Days	
1900	Mar	9	78	6	3	
Sex	Female	Color or Race	White	Birth-place	Bishops Head Md	
Occupation	Housewife			Where Residing if not at place of death	Bishops Head Md	
Married, Single or Widowed	Widow	Name of Wife or Husband	Ezekial Jours	Father's Birthplace	Bishops Head Md	
Father's Name	Isaac Bramble			Mother's Birthplace	Unknown	
Mother's Maiden Name	Betsy Cannon			How related to deceased	Son	
Name of person giving Information	William T. Jours			How long	64 V	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Cerebral Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Yes, so far as I know

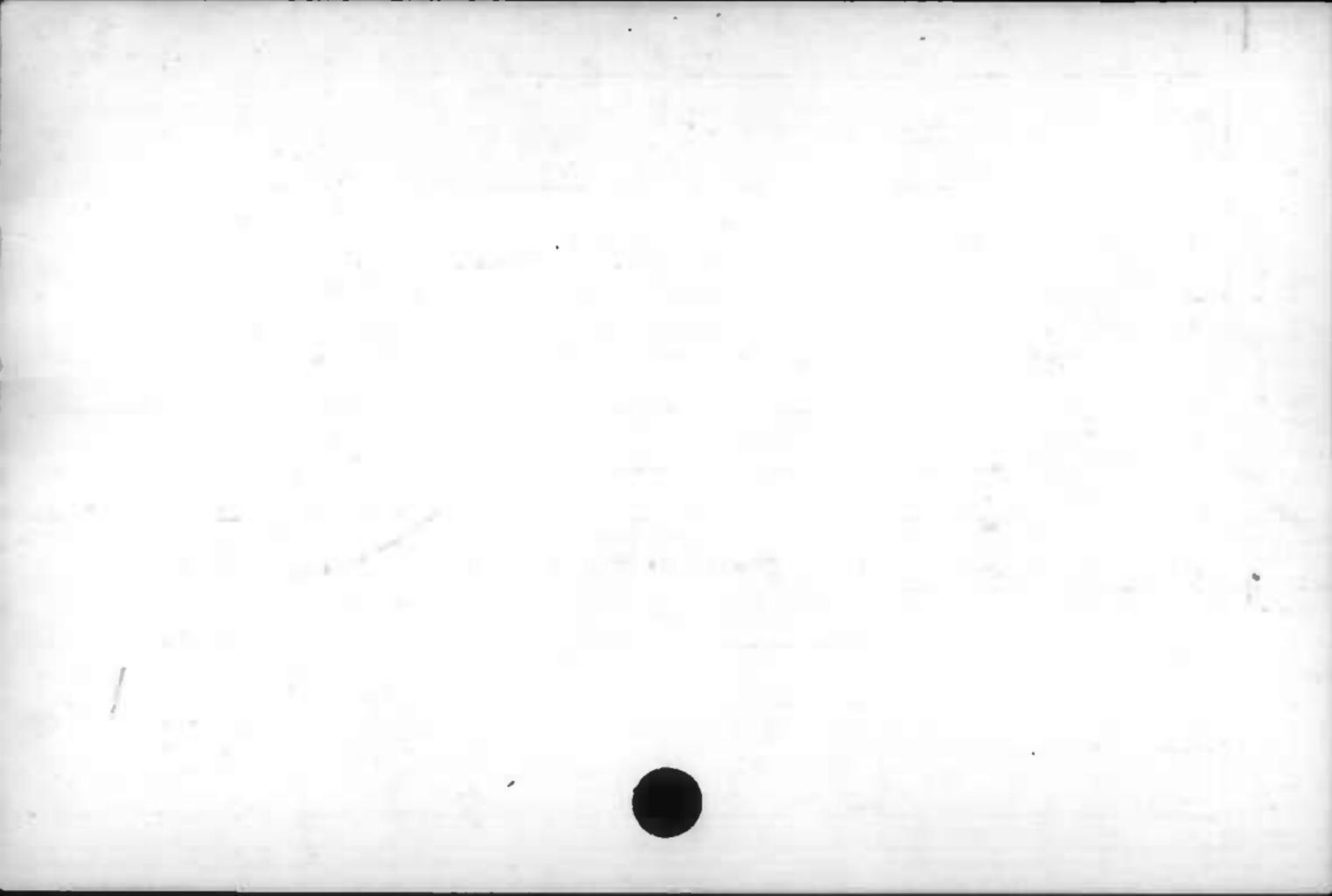
Signature of Physician

Address

J. M. White

Bishops. Dorchester Co
Md.

Accident or Suicide



Name
in
Full

Sarah Woolford Jordan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	78	2
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Cambridge		
Father's Name	William H. Jordan			
Mother's Maiden Name	Maryland			
Name of person giving Information	How related to deceased			

Female White Maryland

Widow

James Woolford

Sarah Barnett

Miss May Jordan Daughter

CAUSES OF DEATH

Primary Chronic Bright's Disease

120

Hour

Immediate Pneum. & cerebral hemorrhage

7 days

How long
24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

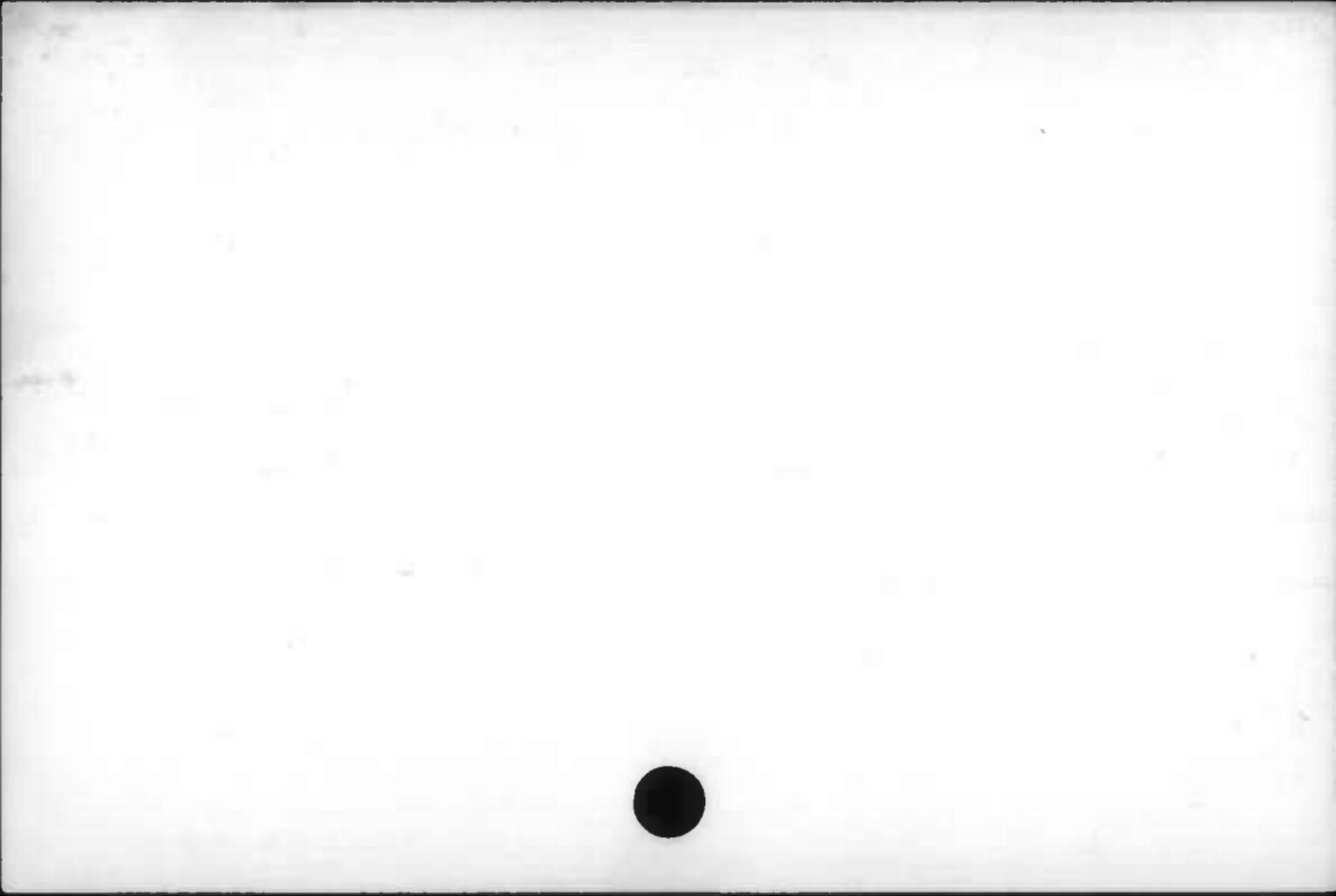
Signature of Physician

Address

May St. #2
Cambridge Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Daniel Lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Near Cambridge	Dorchester					
Date of death 1960	Month March	Day 10	Years	Age 72	Montha 2	Days
Sex Male	Color or Race White	Birth-place Maryland				
Occupation Farmer	Where Residing if not at place of death Near Cambridge MD					
Married, Single or Widowed Widower	Name of Wife or Husband Do not Know					
Father's Name William Lane	Father's Birthplace Maryland					
Mother's Maiden Name Do not Know	Mother's Birthplace					
Name of person giving Information John P. Horney	How related to deceased None					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Asthma

97

How long

4 months

Immediate

Heart Failure

How long

Suddenly

Are the name, age, sex, color, date and place correctly given above?

Yes

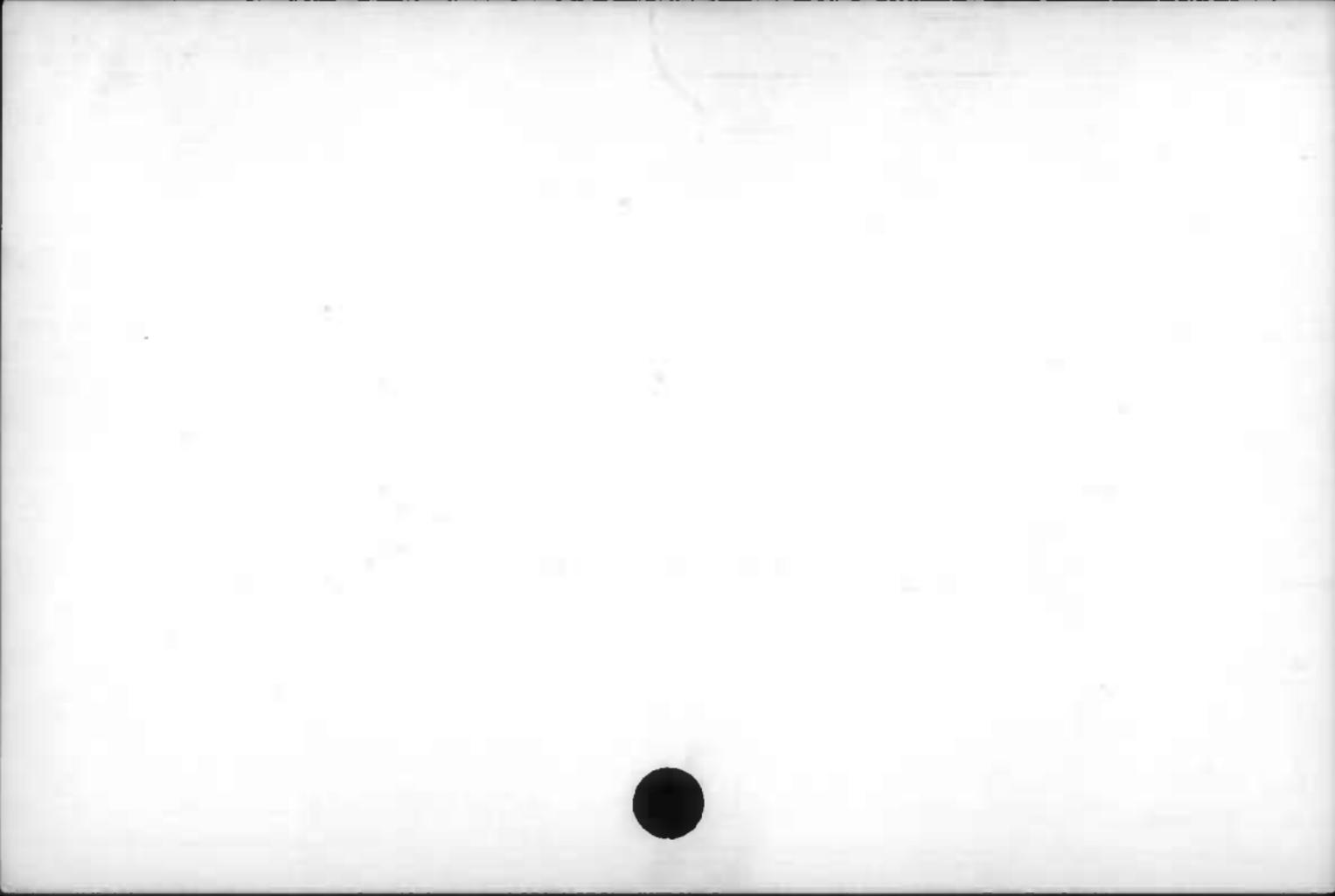
Signature of Physician

Address

John Mac
Cambridge

Accident or Suicide

No



Name
in
Full

Mary Catherine Macer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Cambridge	County Lorechester	MARYLAND		
Date of death	Month March	Day 15	Years Age 38	Months 10	Days 6
Sex	Female	Color or Race Colored	Birth place Lorechester Co		
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband Charles Macer	Father's Name Henson Henry	Father's Birthplace Lorechester Co	
Mother's Maiden Name	Mary A Steene		Mother's Name Sarah Smith	Mother's Birthplace Lorechester Co	
Name of person giving Information	Sarah Smith		How related to deceased Sister		

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Several mos/

Immediate

Exhaustion and Cardiac Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician
Dexter S Reynolds MD

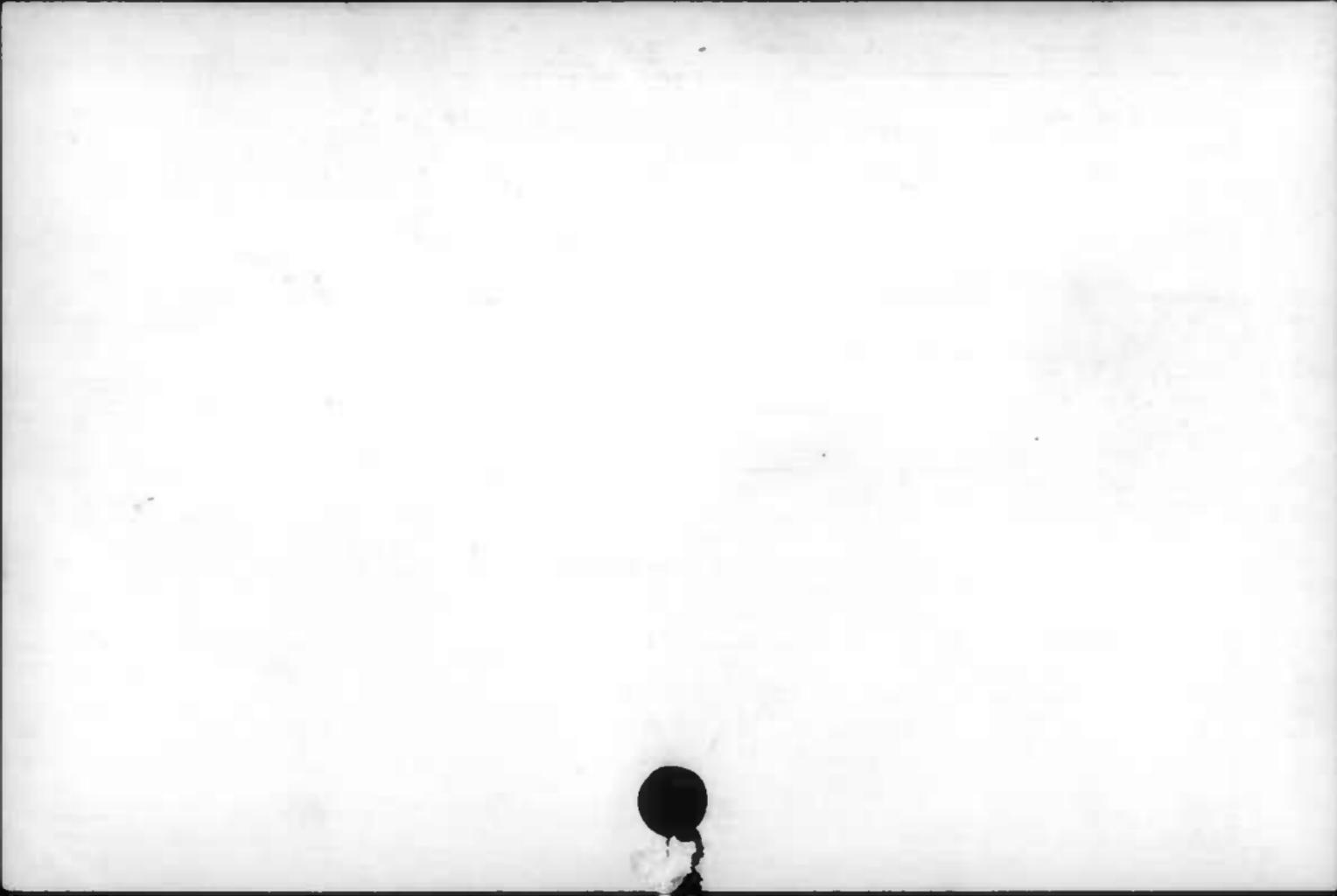
Address

Cambridge, Md.

PHYSICIAN
OR CORONER

L & Hops.

Accident or Suicide



Name
in
Full

Hornell, A. Martin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Diad at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	6
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	John R. Hornell	
Father's Name	John Borneo		
Mother's Maiden Name	Lorey Lee Hornella		
Name of person giving Information	Mrs. M. A. Willis		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old. Age

Immediate

General by Infection

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

154

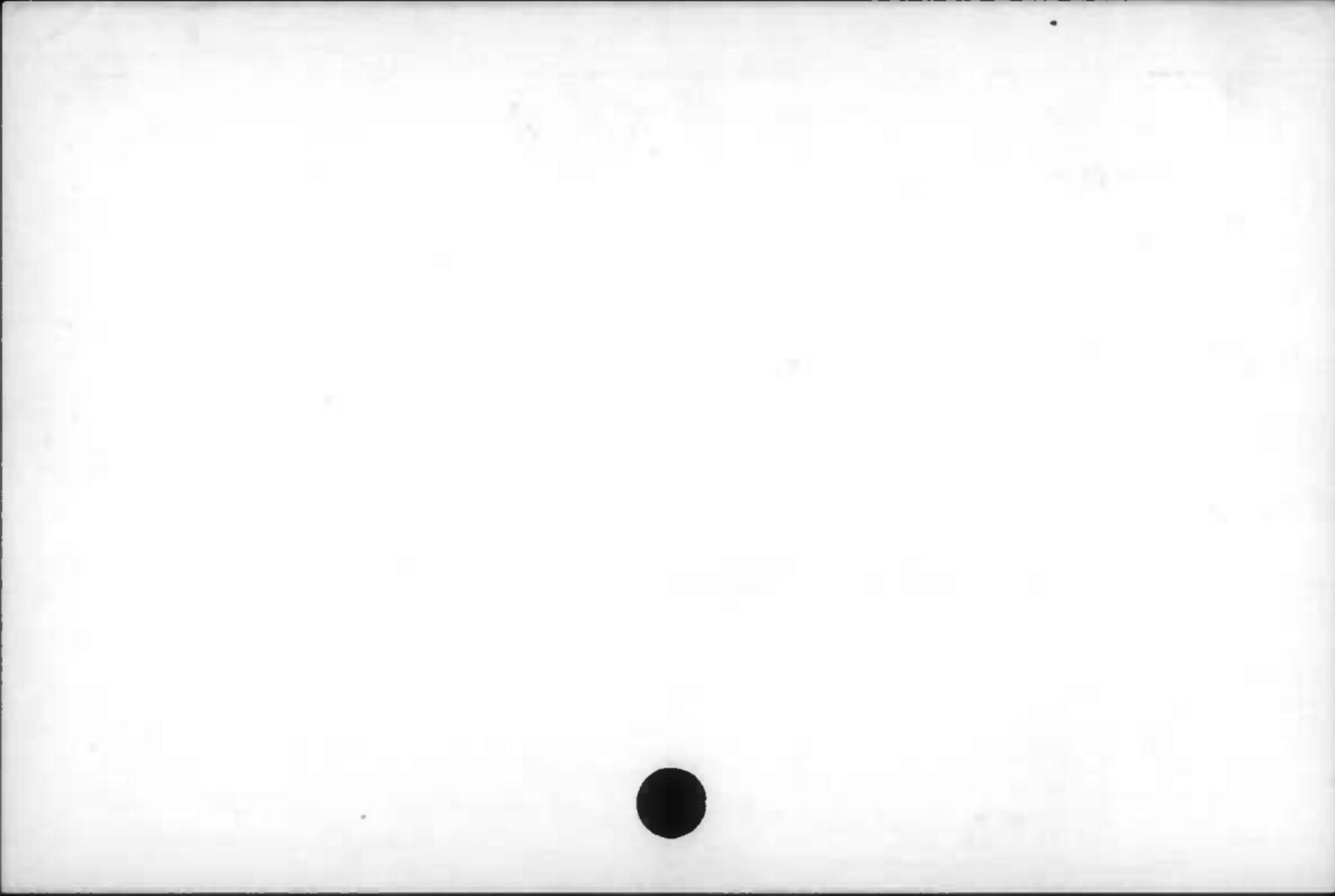
How long

How long

Goodland

11

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Milli Mansky

Town

Died at Cherry Brook

County

Dorchester

CERTIFICATE OF DEATH

MARYLAND

Date

of death 1900

Month

Mar. 13

Day

Age 86

Years

Months

Days

✓

✓

✓

Sex Female

Color or
Race

Colored

Birth-
place

Dorchester Co

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Gloss Mansky

Father's
Birthplace

Dorchester Co

Father's
Name

Livin Parker

Mother's
Birthplace

Dorchester Co

Mother's
Name

Mahalia Cephus

How related
to deceased

Son

Name of person giving
Information

Livin Mansky

CAUSES OF DEATH

Primary

Mitral Regurgitation

79

How long

Two or four days

Immediate

General Anemia

How long

about a month

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

ffayroll
Cambridge Md.

Accident or Suicide

24 H

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Museo.

CERTIFICATE OF DEATH

MARYLAND

Died at Havelock 16 County Baltimore
Month March Day 20 Years v Months - Days -

Date
of death

1961

Month

Day

Years

Months

Days

Age

Sex

Female

Color or
Race

white

Birth-
place

and

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

G. Roger Museo

Father's
Birthplace

and

Mother's
Maiden Name

Edna Wright

Mother's
Birthplace

and

Name of person giving
Information

G. Roger Museo

How related
to deceased

father

CAUSES OF DEATH

Primary

Steel Bone

(S)

Immediate

Steel Bone

How long

v

Are the name, age, sex, color, date
and place correctly given above?

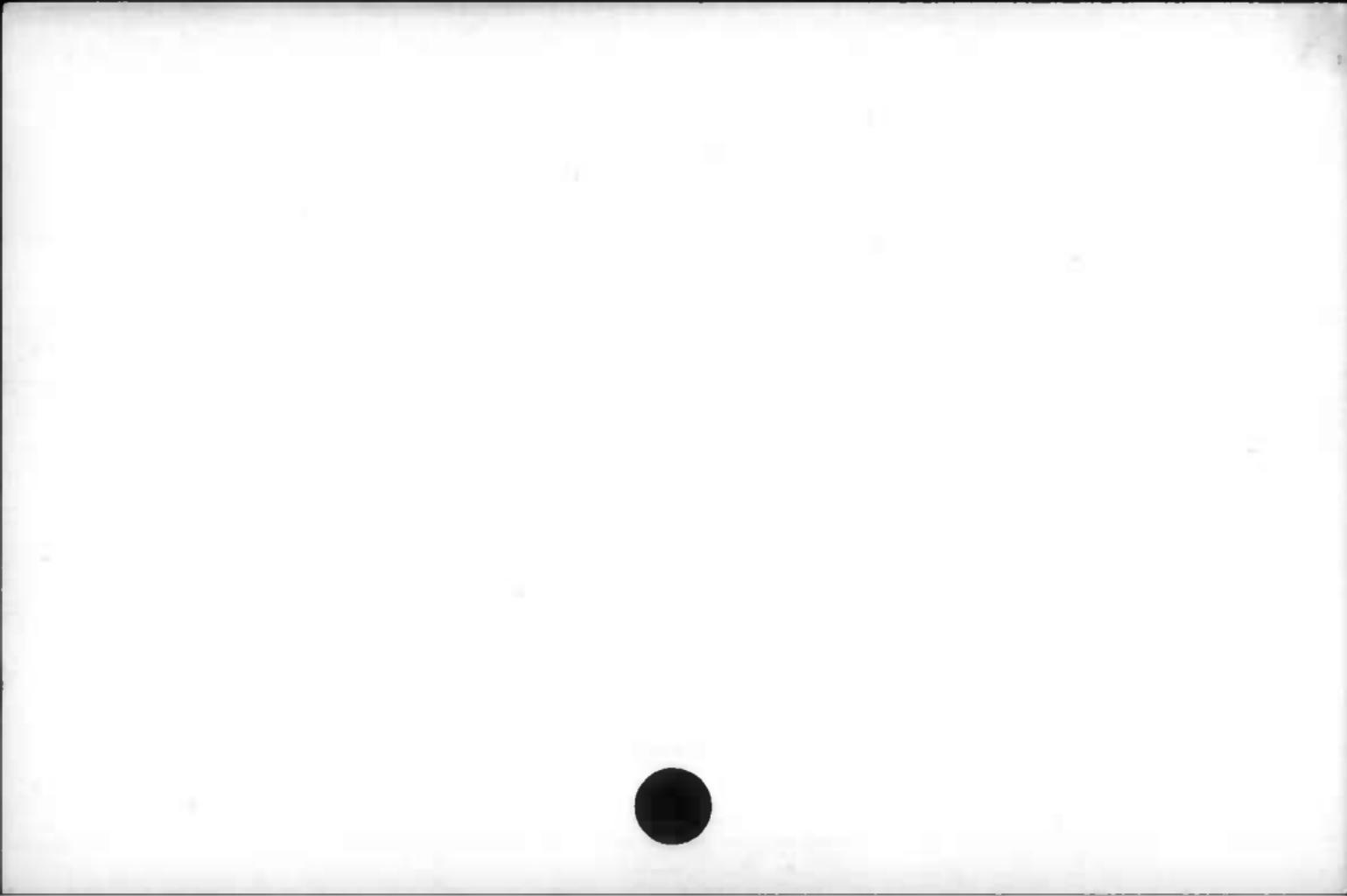
yes

Signature of
Physician

Address

Guy Steele M.D.
Cambridge

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

John R Oram
Town County
Died at Cambridge Dorchester Co MARYLAND
Month Days
Date of death 1900 March 11 Age Months Days
Sex Male Birth-place Birthplace
Occupation Non Cambridge Cambridge
Where Residing if not at place of death
Married, Single Name of Wife or Husband
or Widowed Single Non
Father's Name Charles Oram Father's Birthplace Summit
Mother's Maiden Name Alice Green Mother's Birthplace Cambridge
Name of person giving Information Charles Oram Father

CAUSES OF DEATH

Primary

Marsasmus

Immediate

Bronchitis & Epilepsy

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

89

✓

How long

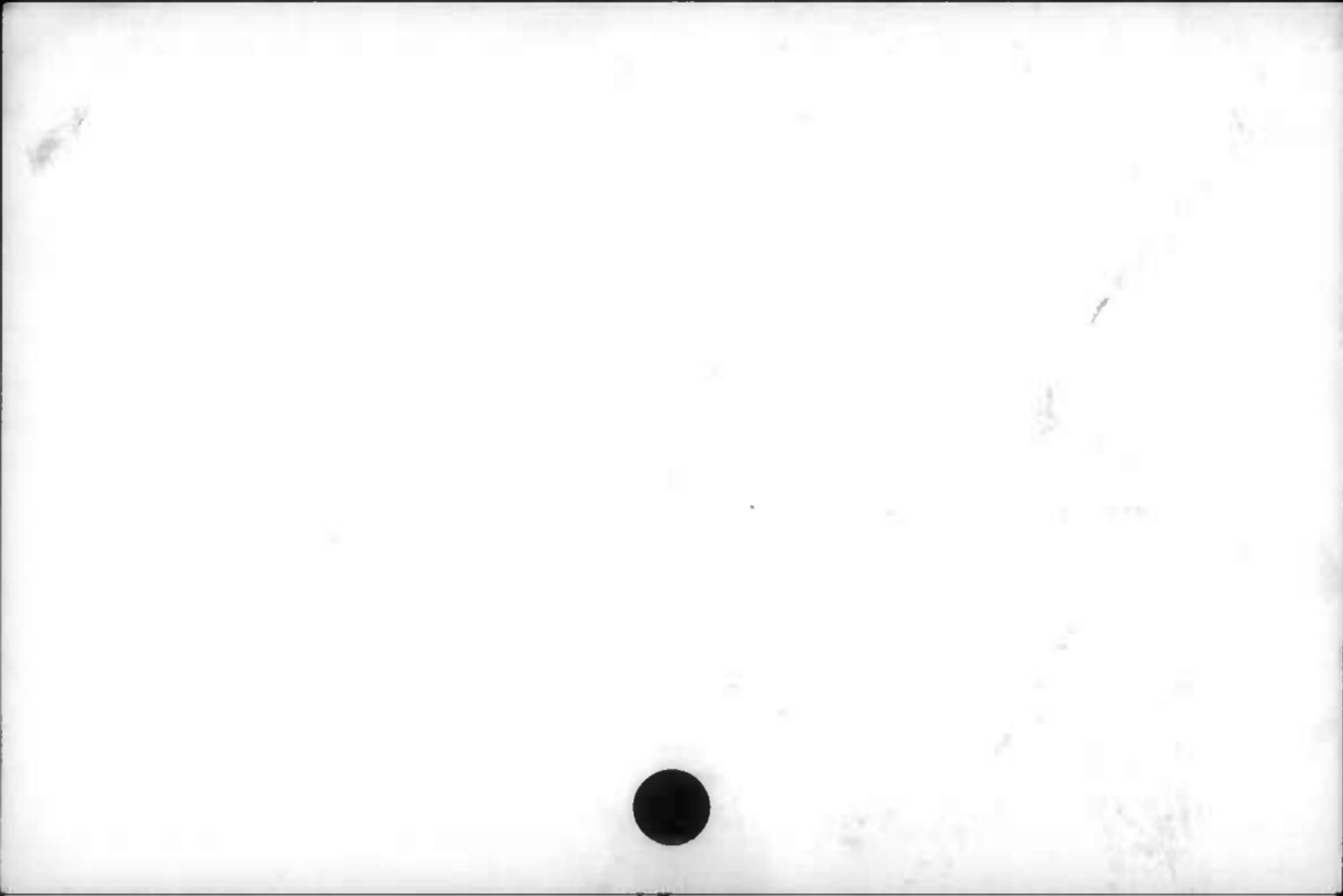
Since birth.

How long

Some days.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Annie E. Parker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Hoopersville	Dorchester		
Date of death 1900	Month March Day 30th	Years Age 27	Month 10 Day 5
Sex female	Color or Race White	Birth-place Dorchester Co	
Occupation house wife	Where Residing if not at place of death		
Married, Single or Widowed married	Name of Wife or Husband Joseph Parker		
Father's Name Samuel Hopper	Father's Birthplace Dorchester Co		
Mother's Maiden Name Susan Meekins	Mother's Birthplace Dorchester Co		
Name of person giving Information Eva Wrigate	How related to deceased Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever & Tuberculosis

28

How long

18 weeks.

Immediate

Cardiac Asthma

How long

36 hours

Are the name, age, sex, color, date and place correctly given above?

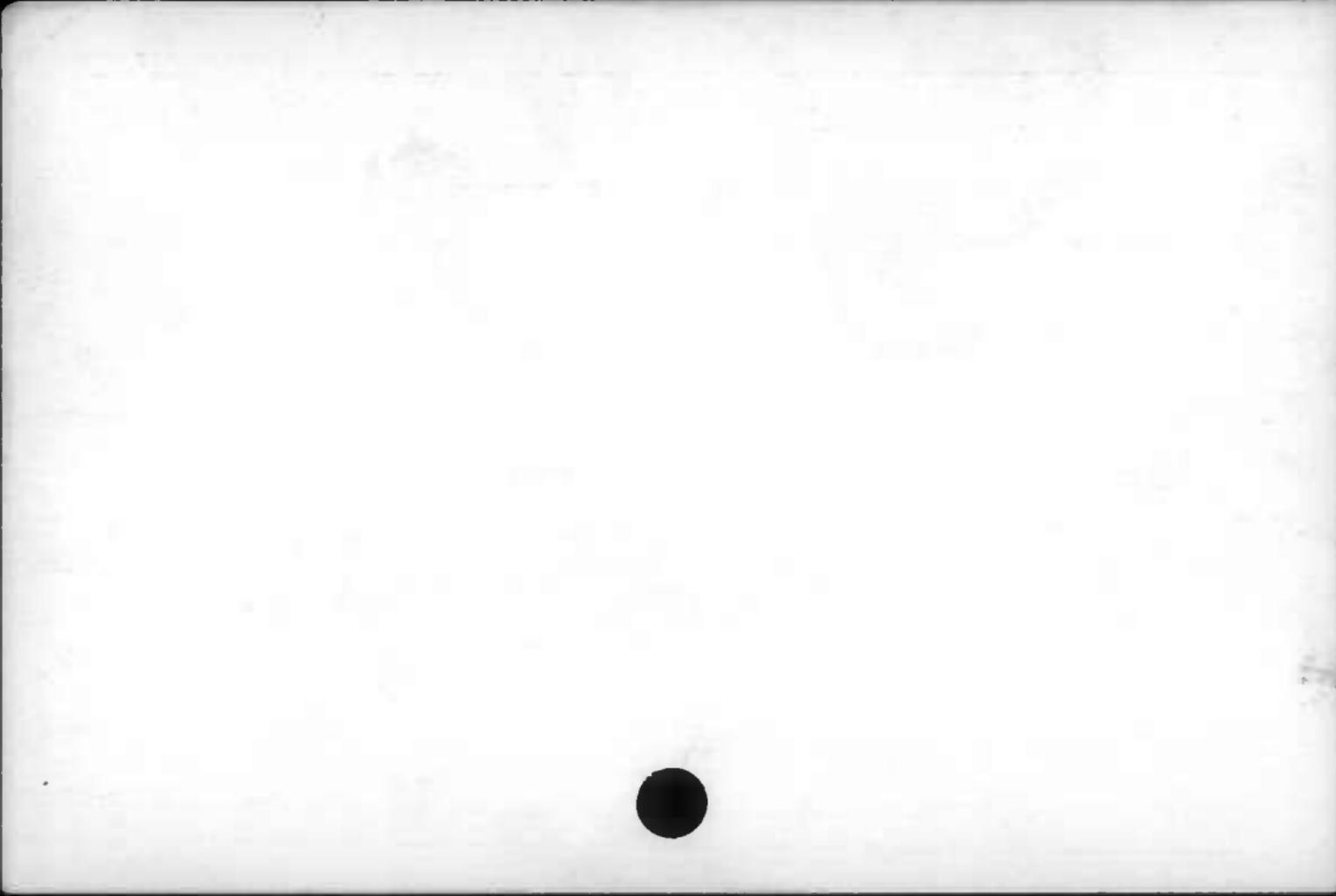
Yes

Signature of Physician

Address

James W. Meade Jr. M.D.
Herring Creek, Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Izrael Peeters.

CERTIFICATE OF DEATH

Died at Secretary Town Dorchester County MARYLAND
Date of death 1910 Month 3 Day 12 Age 59 Years Months Days
Sex Male Color or Race Leolord
Occupation Farmer Birthplace Dorchester
Where Residing if not at place of death

Married, Single
or Widowed

Name of Wife or Husband

Mary

Peeters

Father's Name

Dont-leolord

Father's Birthplace

Freeland Md.

Mother's Maiden Name

Miss Block

Mother's Birthplace

Dont leolord

Name of person giving information

Mary A Peeters

How related to deceased

wife

CAUSES OF DEATH

Primary

brb

10

How long

4 weeks

Immediate

Hemorrhage

How long

One minutes

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. F. Jacobs M.D.
E. H. Mortal, Jr.

Accident or Suicide

Labou

Name
in
Full

Samuel T Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Craps Town Dorchester County MARYLAND
Date of death 1910 Month Mar Day 26 Years 80 Months 6 Days —
Sex Male Color or Race White Birth-place Rottn Island Md
Occupation Cystorman Where Residing if not at place of death Died at home
Married, Single or Widowed Married Name of Wife or Husband Margaret E. Phillips
Father's Name Phineas Phillips Father's Birthplace Hoopers Island Md
Mother's Maiden Name Polly Rottn Mother's Birthplace Rottn Island Md
Name of person giving Information Rufus Phillips How related to deceased Son

CAUSES OF DEATH

Primary

Senility

64



How long

Immediate

Cerebral Hemorrhage

How long

11 days

Are the name, age, sex, color, date and place correctly given above?

Yes, so

Signature of
Physician

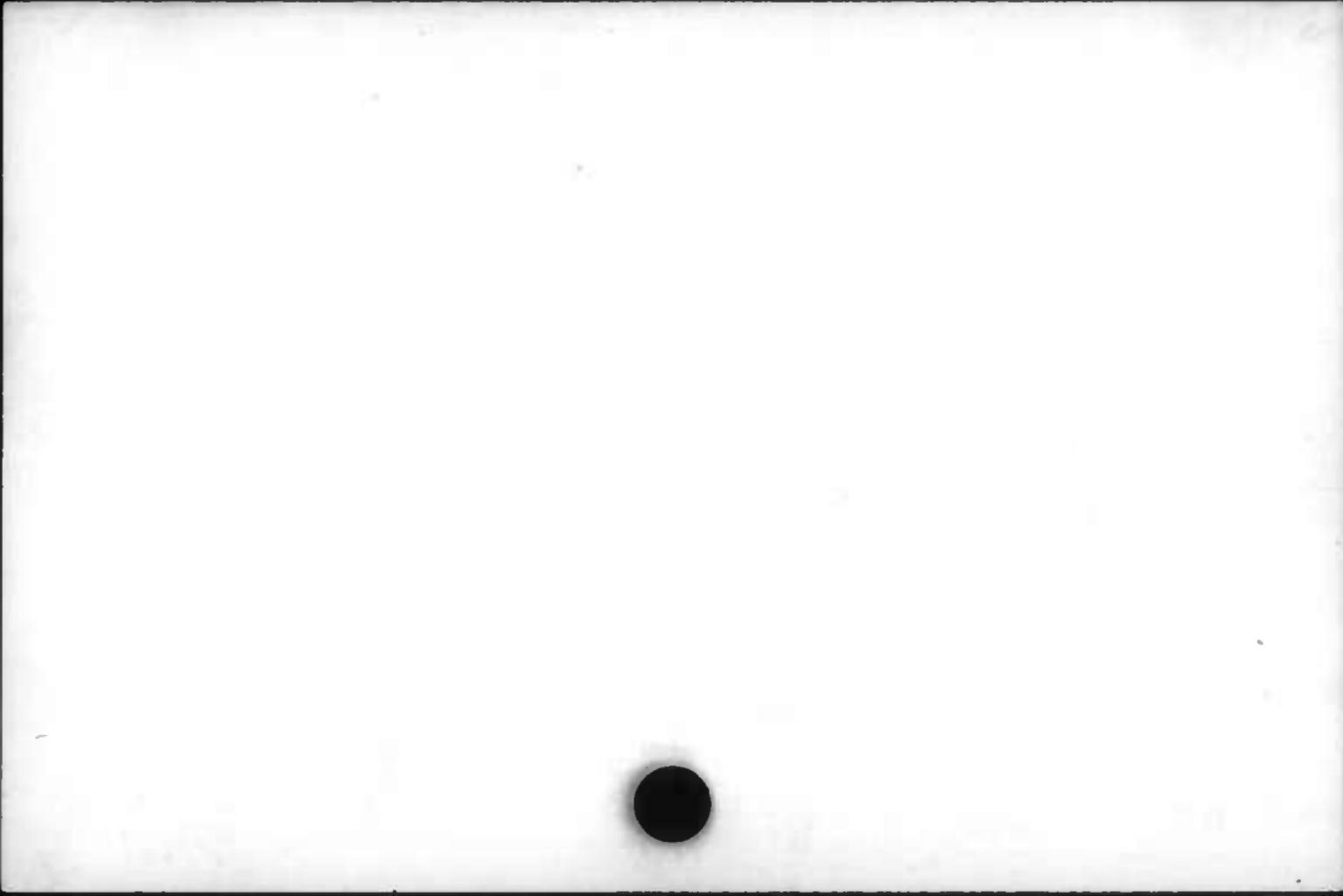
Address

R. M. Whaley, M.D.
Craps, Dorchester Co
Md.

PHYSICIAN
OR CORONER



Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Jerome Rideout

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1910	Mar	13	5	10	-
Sex	Male	Color or Race	ee	Birthplace	Dorchester
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	ur	Name of Wife or Husband	colored	Father's Birthplace	Dorchester Co
Father's Name	Levin Rideout				
Mother's Maiden Name	Katie Belliard				
Name of person giving information	Belliard				

CAUSES OF DEATH

9⁺

PHYSICIAN
OR CORONER

Primary	Bronchitis pneumonia		
Immediate	Cardiac & Resp. Failure		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. C. Reynolds MD
		Address	Cambridge Md.
Accident or Suicide?	L+H		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Caroline Robinson over one yr.						CERTIFICATE OF DEATH
Died at <u>Woolford</u>		Town	County <u>Dorchester</u>		MARYLAND	
Date of death <u>1910</u>	Month <u>3</u>	Day <u>20</u>	Age <u>55</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>			Birthplace <u>Md.</u>		
Occupation			Where Residing if not at place of death <u>(120)</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband		Father's Birthplace <u>Md.</u>			
Father's Name <u>John Kist</u>			Mother's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Mary Cromwell</u>						
Name of person giving information			How related to deceased			

CAUSES OF DEATH

Primary

Intestinal Nephritis

How long

3 yrs.

Immediate

Uraemia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

R.L. Linthicum
Church Creek
Md.

Accident or Suicide?



Name
in
Full

Bessie F Shanahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Month March Day 22 Years Age 27 MARYLAND Month Days

Date of death 1900

Town

County

MARYLAND

Cambidge

Dorchester Co

Days

Died at

Month

Day

Years

Months

Date of death 1900

March 22

Age 27

Days

Sex

Female

Color or
Race

White

Birth-
place

Baltimore Md

Occupation

House Wife

Where Residing if not
at place of death

Cambidge

Married, Single
or Widowed

Married

Name of Wife or
Husband

John W Shanahan

Father's
Birthplace

Don't Know

Father's
Name

William Curran

Mother's
Birthplace

Don't Know

Mother's
Maiden Name

Margaret Holloway

How related
to deceased

Husband

Name of person giving
Information

John W Shanahan

CAUSES OF DEATH

27

Primary

Pulm. Tuberculosis

How long

1 year

Immediate

Natural Exhaustion

How long

Immediately

Are the name, age, sex, color, date
and place correctly given above?

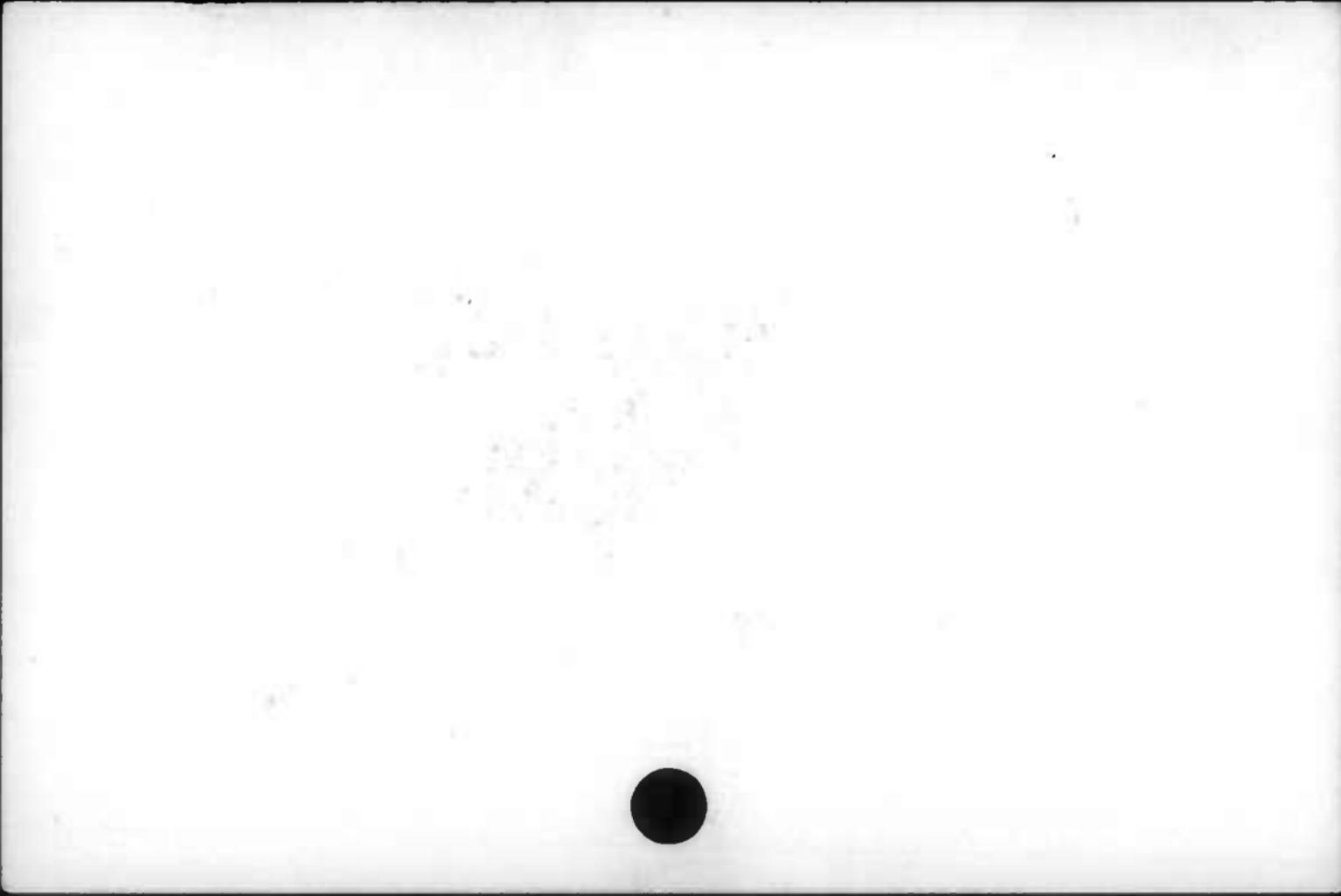
Signature of
Physician

Address

Ken Steele
Cambridge Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Clarence H. Spedden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Year
Sex	Color or Race	Age	Month
Occupation	Whara Raslding if not at place of daath		
Mariad, Single or Widlowad	Name of Wifa or Husband		
Father's Name	Joseph Spedden		
Mothar'a Maldan Name	Mary E. Thompson		
Name of person giving Information	Jos. Spedden		

CAUSES OF DEATH

Primary	Broncho Pneumonia	How long 2 week
Immediate	Exhaustion	
Are tha name, age, sex, color, date and placca correctly given above ?		Signature of Physician
		Address
Accident or Suicide		

PHYSICIAN
OR CORONER

93

How long

How long

2 week

Dr. R. Driver Jr.
Taylors Island
Md

(- 12-M) ||

//

Name
in
Full

Sarah L Yeagle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 19	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Dorchester
Father's Name	John		
Mother's Maiden Name	Willie Jacks	Mother's Birthplace	Dorchester
Name of person giving Information	W H Yeagle	How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	(93) V	How long	9 days
Immediate	Heart Failure		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	H. F. Nicol, M.D.
			Address	E. N. Market, Md.
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Annie Thompson

Town

County

MARYLAND

Died at

Arleys

Baltimore Co

Date
of death

Month

Day

Years

Months

Days

March 26

Age

9

Sex

Female

Color or
Race

Yellow

Birth-
place

Arleys

Occupation

School Girl

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Non

Father's
Name

Peter Thompson

Father's
Birthplace

Cambridge

Mother's
Maiden Name

Jane Byrs

Mother's
Birthplace

Arleys

Name of person giving
Information

Peter Thompson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Gastritis

103

v

Immediate

Exhaustion

How long

2 months

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

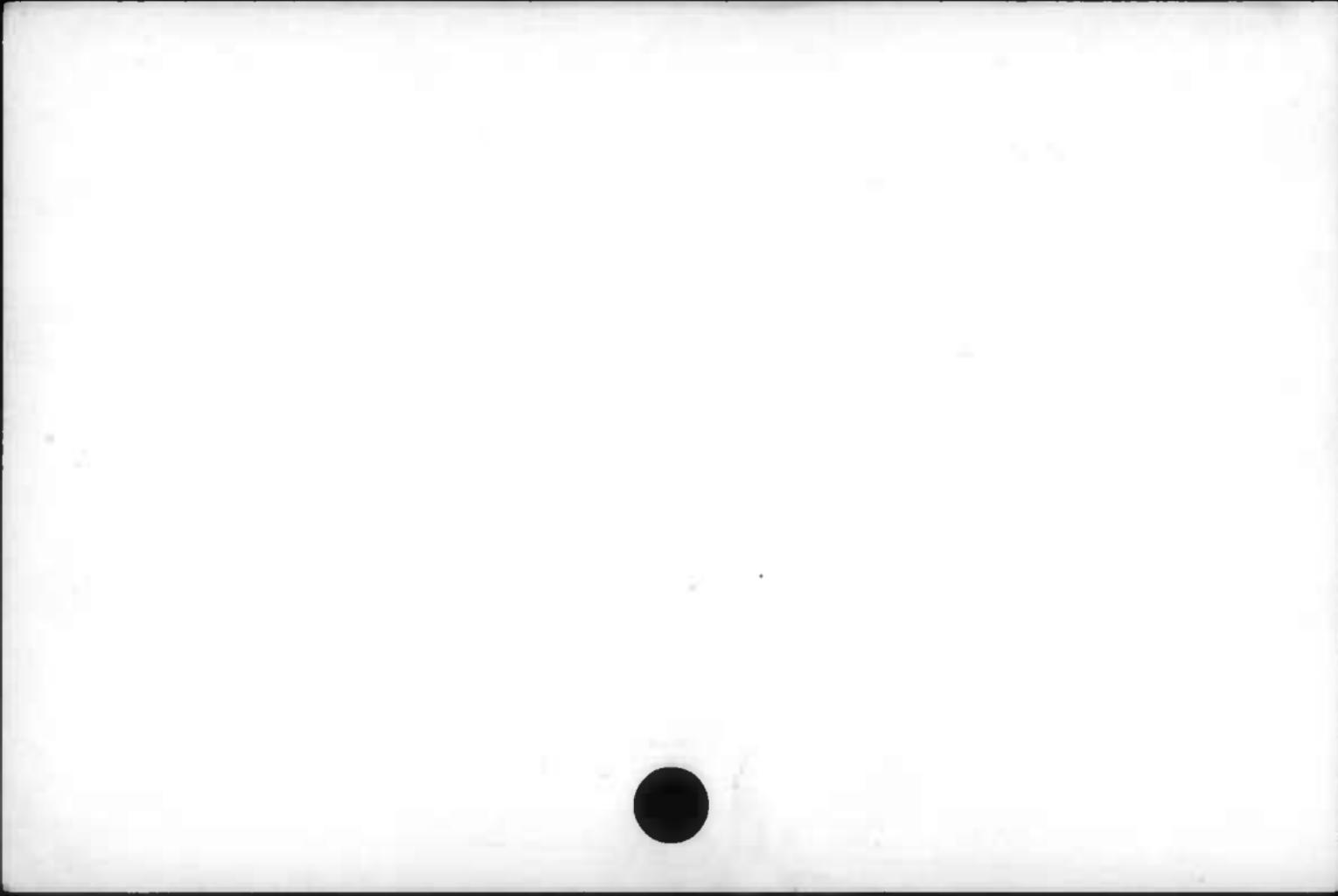
Address

How long

3 days

Accident or Suicide

John Mace MD
Cambridge



Name
in
Full

Infant Travers.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Fishing Creek, Dorchester
Town County

MARYLAND

Date of death 1900 Month March Day 22nd Years 0 Month 1 Days 1

Sex Female

Color or
Race

white

Birth-
place

Dorchester Co.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

J. Alexander Travers

Father's
Birthplace

Dorchester Co.

Mother's
Maiden Name

Bertha Horseman

Mother's
Birthplace

Dorchester Co.

Name of person giving
Information

J. A. Travers.

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Premature Birth,

151

V

Immediate

asphyxia

How long

18 hours.

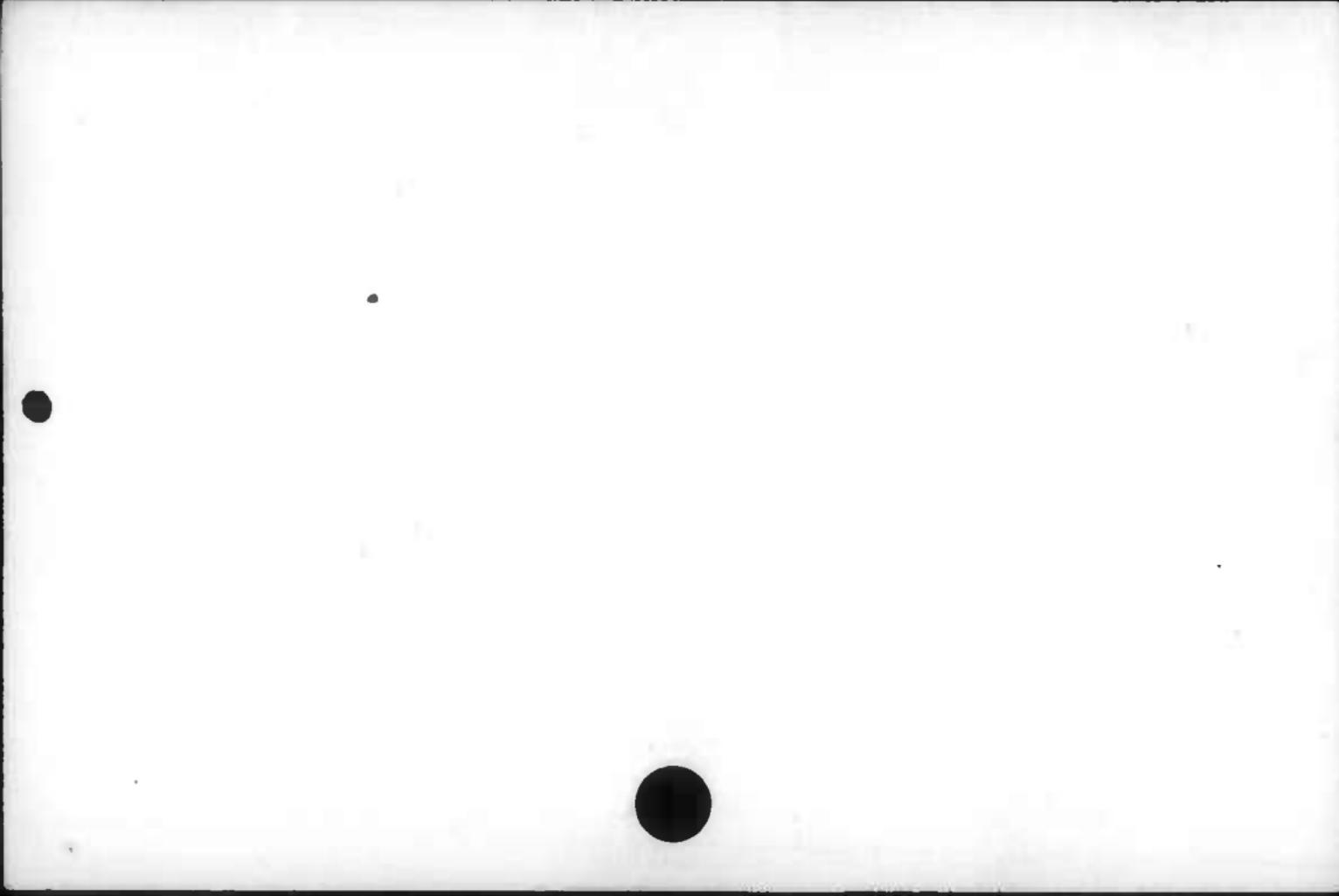
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W.H. Honan, M.D.
Fishing Creek, Ind.

Accident or Suicide



Name
in
Full

Edward A. Vickers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County	MARYLAND		
Diad at Cambridge	Massachusetts			
Date of daath 1900 Mar 20	Month Day	Years Age 55	Months	Days
Sex Male	Color or Race White	Birth-place Maryland		
Occupation Teamster	Where Residing if not at place of death Cambridge Md			
Married, Single or Widowed Married	Name of Wife or Husband Margaret A. Vickers			
Father's Name Maelkiah Vickers	Father's Birthplace Maryland			
Mothar's Maiden Name Sallie Wallace	Mother's Birthplace			
Name of person giving Information Phos R. Wallace	How related to deceased Half Bro			

CAUSES OF DEATH

Primary

Pneumonia

How long

9 days

Immediate

Wraenia

How long

24 hrs

Are the name, age, sex, color, date and place correctly given above?

yes

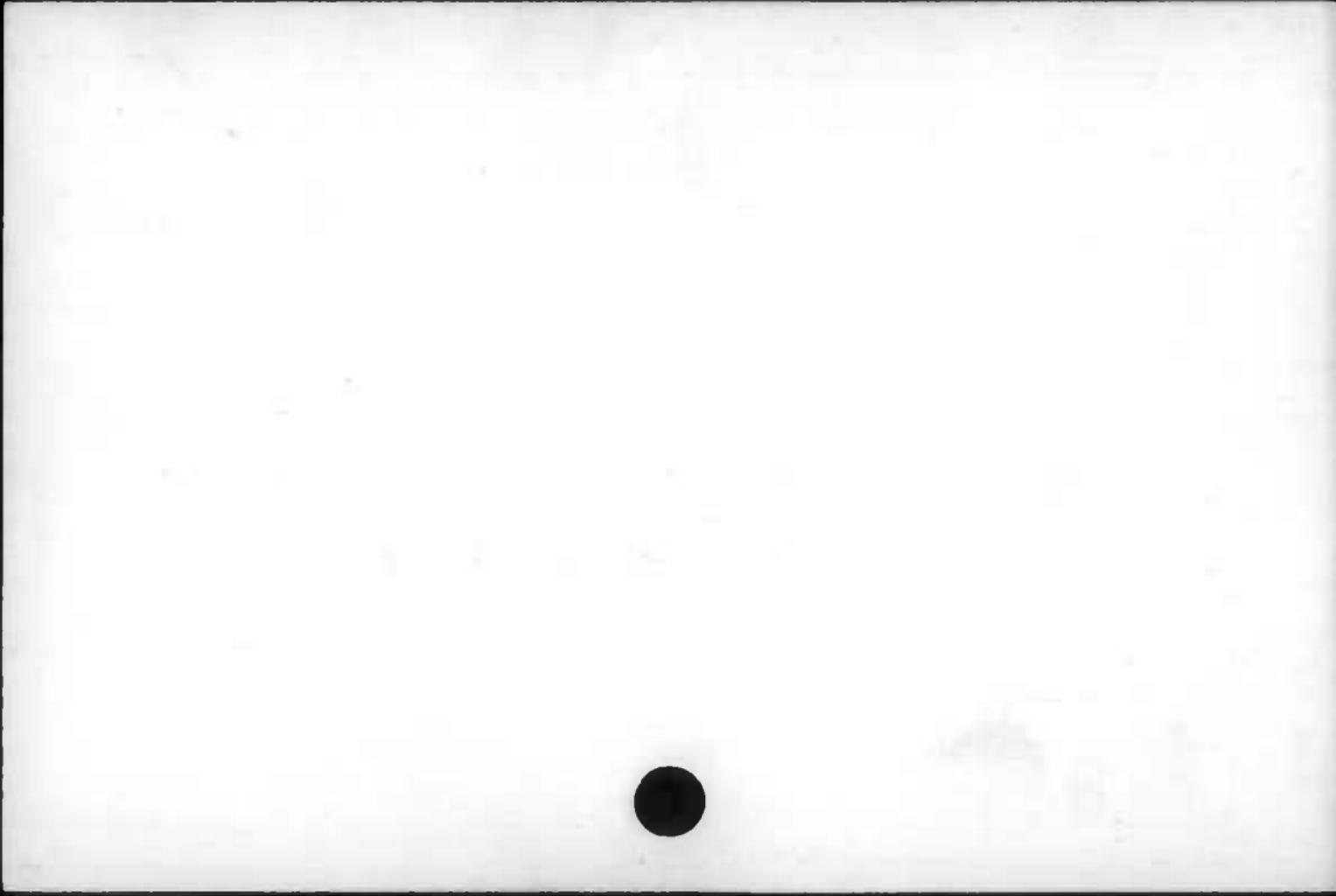
Signature of Physician

Address

E.E. Wolff

Cambridge, Md

Accident or Suicide



Name
in
Full

Suey Wells

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

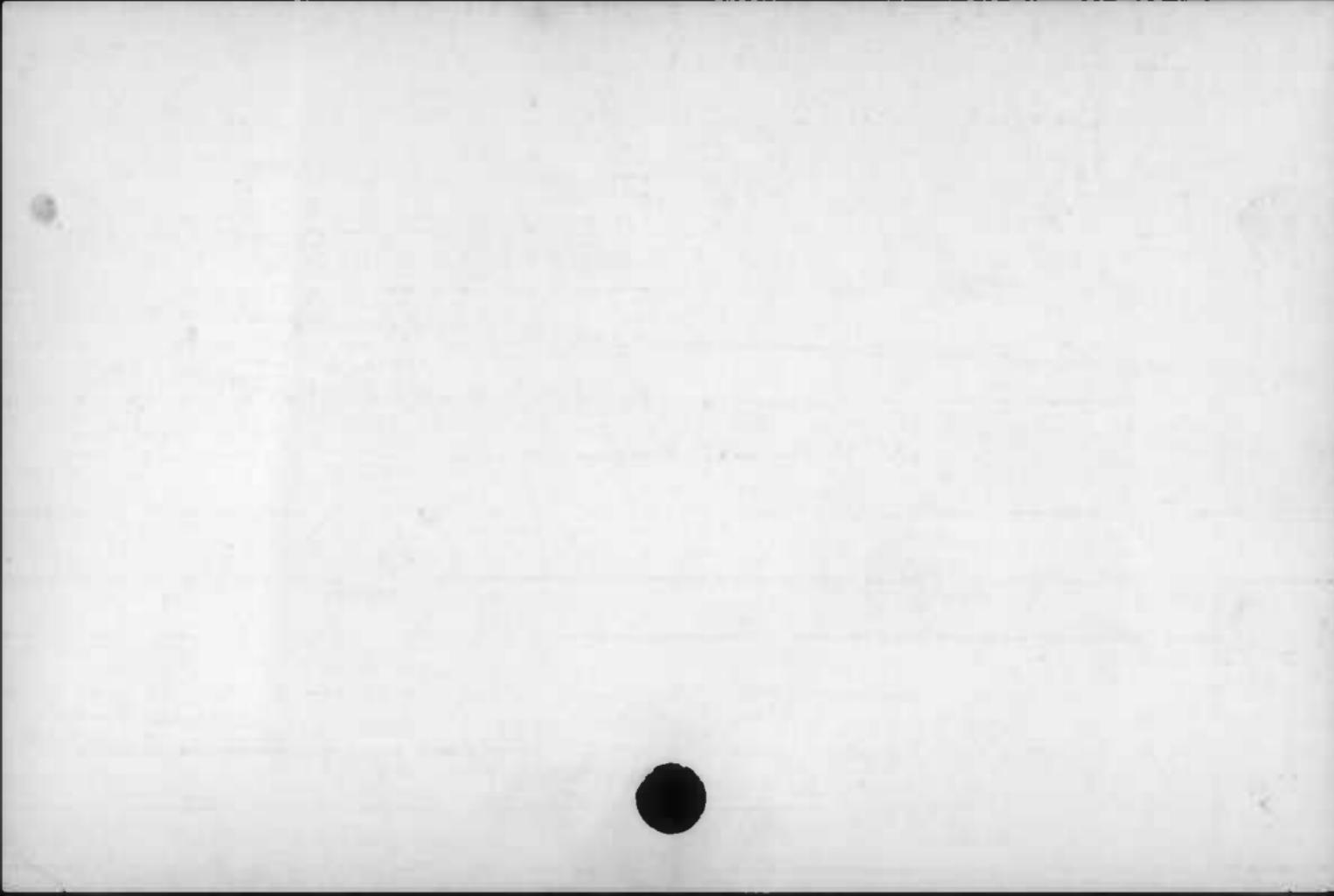
Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	Age	Abt 70
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Wells	
Father's Name	Moses Wells			
Mother's Maiden Name	Unknown			
Name of person giving Information	Mary Wells			

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary	Ch. Nephritis		
Immediate	Cardiac Failure		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Lester B Reynolds, MD
		Address	Cambridge, Md
Accident or Suicide?		L.S.H.	



Name
in
Full

Edith Bell Wiley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

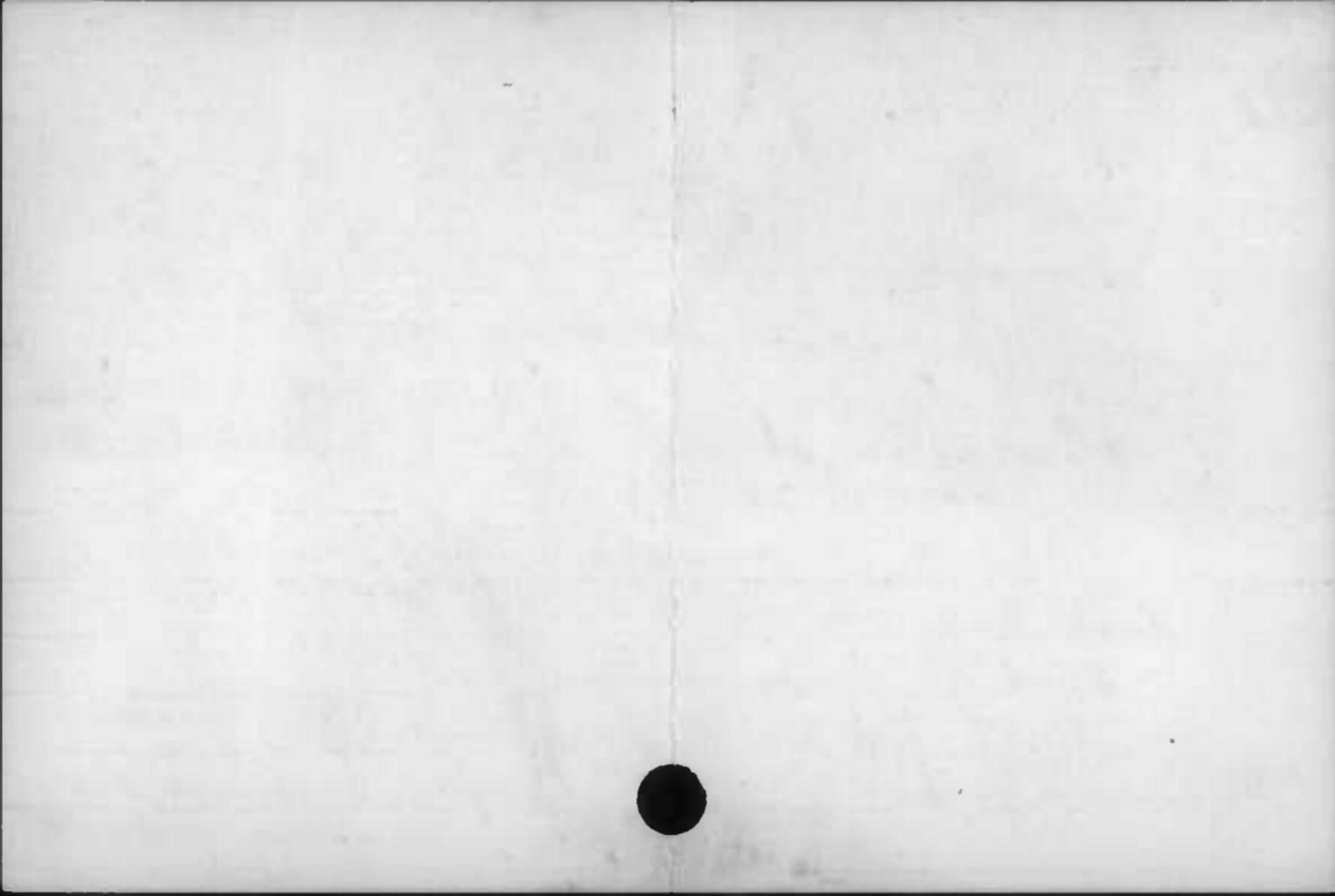
Died at	Town	County	MARYLAND
Died at	Hurlock	Dor	
Date of death	Month	Day	Years Months Days
1910	3	7	33 5 3
Sex	Female	Color or Race	white
Occupation	House wife	Where Residing if not at place of death	Hurlock
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph James Wiley
Father's Name	Joseph H. Waller	Father's Birthplace	Del
Mother's Maiden Name	Mary Anna Jobbings	Mother's Birthplace	Del
Name of person giving information	J. J. Wiley	How related to deceased	Husband
CAUSES OF DEATH			
Primary	Acute nephritis	How long	3 months
Immediate	Colampsia Post partum	How long	18 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. J. Jobbings M.D.
		Address	Costine Hospital, Md
Accident or Suicide?			

138

PHYSICIAN
OR CORONER

1

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. J. Jobbings M.D.
		Address	Costine Hospital, Md
Accident or Suicide?			



Name
in
Full

Josiah C Willey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at	Andrews P.O.	Month	Day	Years	Months	Days
Date of daath	1960	Mar.	23	82	4	23
Sex	Male	Color or Raco	White	Birth-place	Robbins Md.	
Occupation	Farmer	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wifa or Husband	Mary A. Willey	Father's Birthplace	Gutnowown	
Father's Name	Angelo Willey	Mother's Maiden Name	Elizabeth Deay	Mother's Birthplace	Laksville Md	
Name of person giving Information	Mary A. Willey	How related to deceased	Wife			

CAUSES OF DEATH

10

How long

How long

PHYSICIAN
OR CORONER

Primary

Suility

Immediate

Influnza & Bronchitis pneumonia

Are the name, age, sex, color, date and place correctly given above?

Yrs. as far as I know

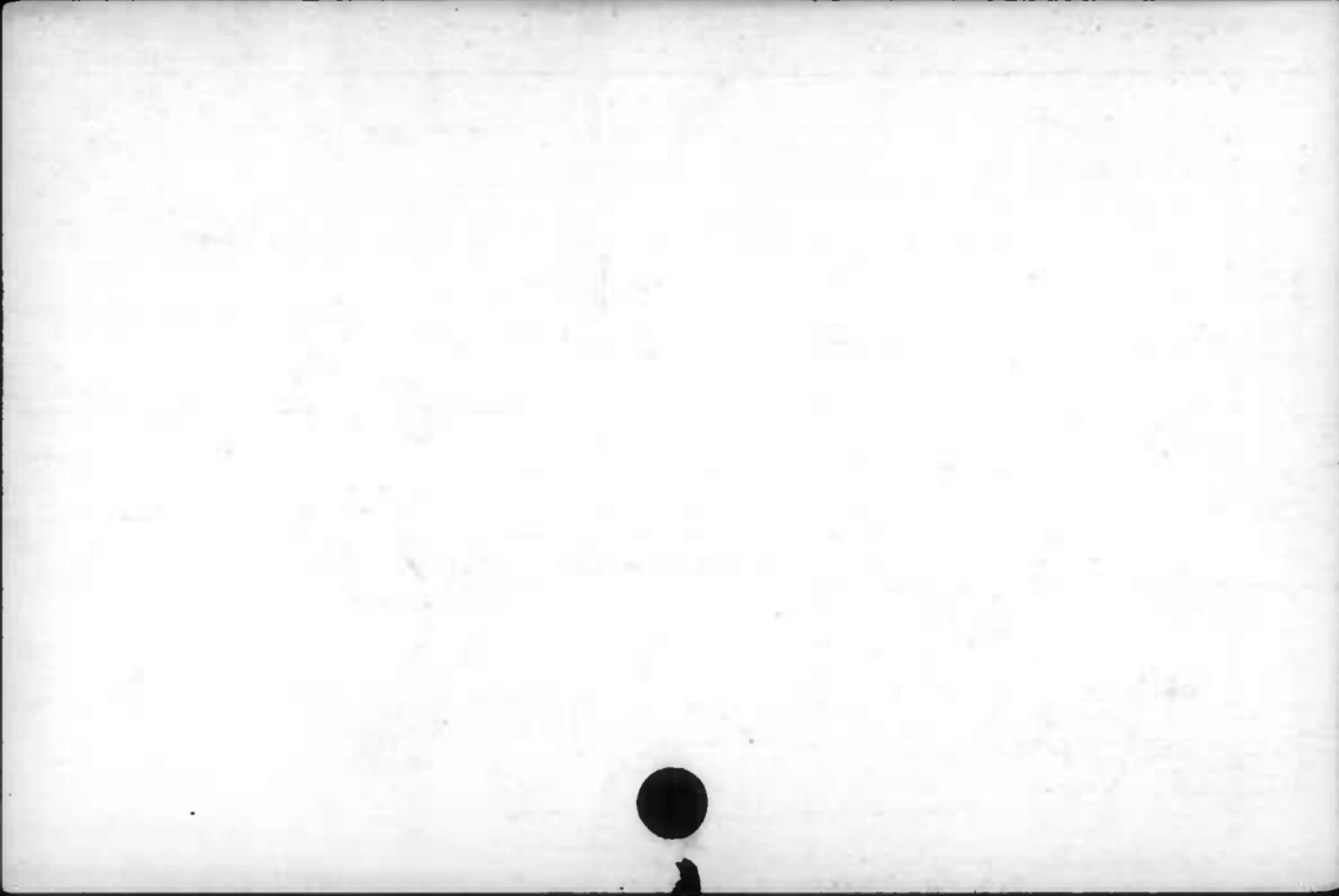
Signature of Physician

Address

J. M. White

Carapoo, Dorchester Co.
Md.

Accident or Suicide



Name
in
Full

Elfin Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Salem

Town

County

Dorchester

Co

MARYLAND

Month

Day

Years

Months

Days

Date

of death

1910 March 29

Age 62

Sex

Female

Color or
Race

Colored

Birth-
place

Drawbridge

Occupation

House Wife

Where Residing if not
at place of death

Farkland

Married, Single
or Widowed

Married

Name of Wife or
Husband

John R Wilson

Father's
Name

Don't Know

Father's
Birthplace

Don't Know

Mother's
Maiden Name

Mystia Chase

Mother's
Birthplace

Drawbridge

Name of person giving
Information

Stanbury Chase

How related
to deceased

Cousins

CAUSES OF DEATH

Primary

Oval Hemorrhage

64

V

How long

are away

Immediate

Pooleysis

How long

traveling.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Chas M. Haudy

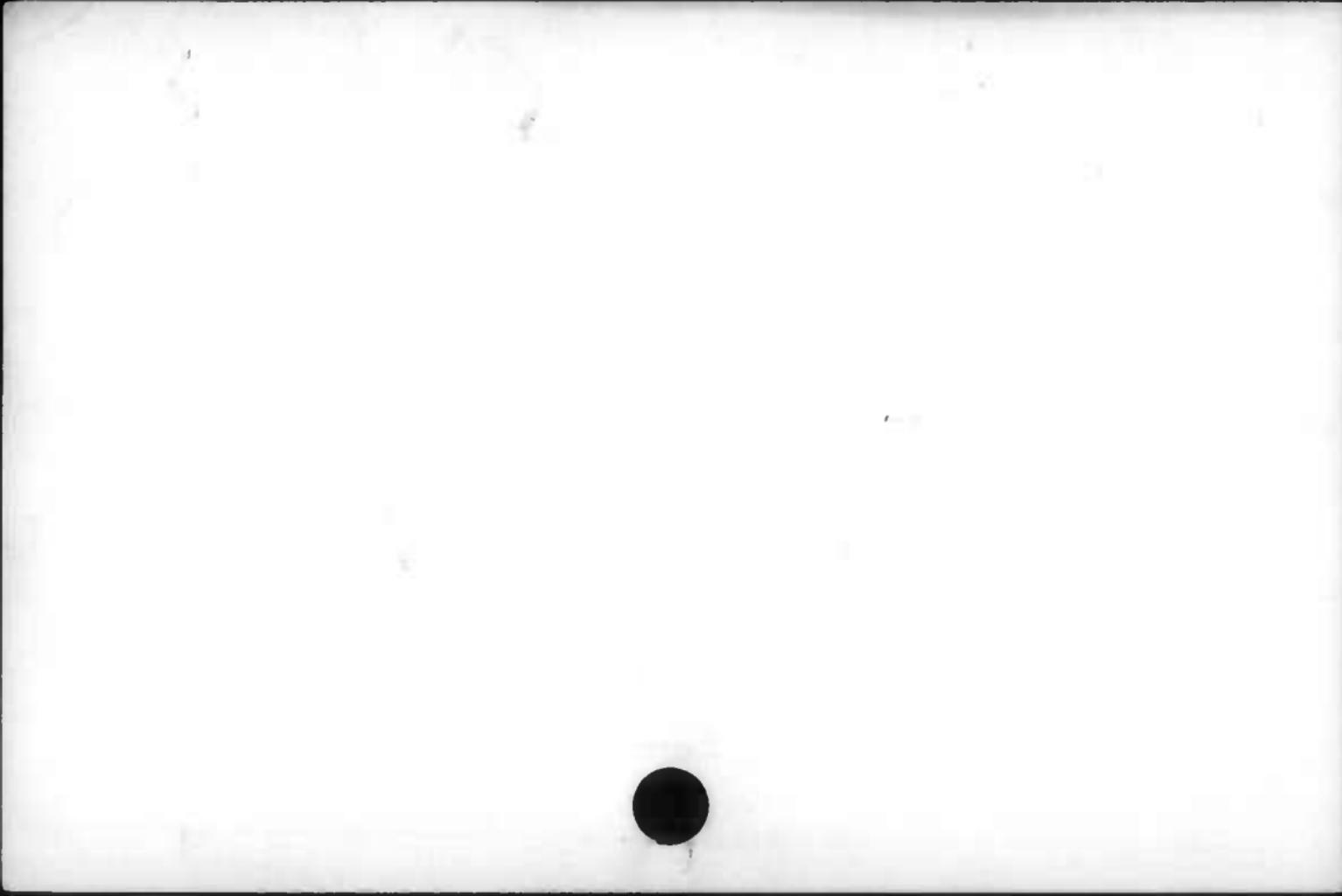
Cambridge

PHYSICIAN
OR CORONER



No physician in
attendance

Accident or Suicide



Name
in
Full

George B. Wingates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hoopers Island, eight hours Dorchester County

MARYLAND

Date of death 1900 Month Day Years

Months Days

March 23rd. Age 45

10 20

Sex Male Color or Race white

Birth-place Dorchester Co.

Occupation

Assistant Light Keeper

Where Residing if not
at place of death

Hoopersville, Ind.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Eva W. Wingate

Father's Name

Thos. Wingate

Father's Birthplace

Mother's Birthplace

Mother's Maiden Name

Mary Adams

Dorchester Co.

Dorchester Co.

Name of person giving
Information

Mrs. Eva W. Wingate

How related
to deceased

Wife

CAUSES OF DEATH

165

How long

Primary

strychnine Poisoning

8 hours

Immediate

do not know

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Laurence D. Ashton Jr.

Hoopersville

Ind

Accident or Suicide

accident

PHYSICIAN
OR CORONER



